



FUA General Contract

Enrolled students will be asked to review and accept the following policy upon arrival in Florence:

I acknowledge that I am in receipt of and subject to the academic and behavioral standards and deadlines as detailed in the FUA Student Manual: Student Life and Academics and accompanying Academic Calendar. In consideration of participation in FUA's academic, athletic/exercise and cultural programs or activities, I hereby release FUA, its trustees, officers, employees, successors, academic/cultural partners and agents from any and all claims and causes of action for inconvenience, damage to or loss of property, medical or hospital care, personal illness or injury or death resulting from my participation in FUA's academic, travel, inclusive of organized excursions and tours, athletic/exercise or cultural programming conducted under the control of the university. I acknowledge that I assume academic and financial responsibility for each course for which I am registered and understand the course withdrawal regulations indicated in the FUA Student Manual: Student Life and Academics.

I acknowledge that living and studying in a new urban environment may expose me to new stresses and cultural norms that may prove challenging. I acknowledge that I do not have any physical or psychological conditions that would impair my ability to participate in academic and/or non-academic activities or would create undue risk to others or myself.

I acknowledge that foreign travel and study may expose me to certain risks, some foreseeable others not, inclusive of but not limited to: serious injury, loss of life, crime, property damage, acts of war or terror and/or natural disaster. If I am a US citizen I acknowledge that I have been advised to consult the US State Department (DOS) for country specific relevant health and safety risk information for Italy or any country I may be travelling to. Further, I acknowledge I have been advised to enroll in the DOS STEP program for the duration of my time abroad. If I am not a US citizen, I acknowledge I have been advised to check the relevant ministry of foreign affairs for this comparable risk information. For country and region specific health risk information, I acknowledge I have been advised to consult the Centre for Disease Control (CDC) and the World Health Organisation (WHO).

I acknowledge that FUA maintains professional staff and emergency support services. I further understand that FUA does not have law enforcement, fire, medical, or ambulance services or facilities and that I may be best served in a serious emergency by immediately calling the appropriate public emergency number in the event of fire, severe illness, injury or criminal act as a precedent to contacting university personnel. These numbers are toll free and are contained in the FUA Student Manual.

If I have selected lodgings facilitated by FUA, I specifically acknowledge that I am subject to the standards contained in the relevant housing documents and forms.

I acknowledge and explicitly grant license in favor of FUA, such that FUA may use my lawfully obtained image and likeness for legitimate university purposes inclusive of marketing.

I acknowledge and explicitly grant license in favor of FUA, while otherwise retaining full right(s) of ownership, that FUA may use any creative works authored while enrolled in a course of study, whether traditional format, digital or otherwise, for legitimate university purposes.

I authorize FUA to disclose general directory/personal data for legitimate, non-commercial university purposes.

I confirm that I entered the Republic of Italy lawfully. I further understand that if I am not a EU citizen or permanent resident I must formalize my legal residency as a visiting student by obtaining my Italian residency documents. I understand that FUA will provide all the information and assistance needed to comply with interior ministry regulations but I acknowledge compliance is the sole responsibility of the undersigned.

I confirm I am an emancipated adult with the legal capacity to execute this release. I understand that if I am less than age 21, and a resident of Alabama, Mississippi, Nebraska, Puerto Rico or Canada, my parent or legal guardian must also sign this release for it to be effective.

I accept the terms of the policy.

Phone:

Email:

Confirm your email: