

Acceptance Waiver for the CIMAT International Program

In my capacity as a participant in the CIMAT International Program, I, the undersigned, hereby expressly declare my agreement to the following commitments:

- Comply with the rules and norms of conduct of CIMAT, which will be provided prior to the start of the program.
- Comply with existing legislation in the State of Guanajuato and the Mexican Republic.
- Comply with all the academic requirements of the program.
- Cover the cost of the program, with the understanding that in the event of my failure to do so, my admission to the program will be cancelled.
- I understand that the confirmation fee is non-refundable under any circumstances.
- Cover my transportation costs to the city of Guanajuato.
- Cover in due time and manner the costs of the accommodation assigned to me and to comply with the regulations in the contract relating thereto.
- Return to my place of residence upon conclusion of the program.
- Read and accept the terms and conditions published on the program website.

I hereby declare my understanding that failure to comply with any of the aforementioned obligations will be cause for the cancelation of my admission to the program, with no reimbursement, irrespective of any administrative error or damages caused by my conduct.

I also declare that all information and documentation I have provided to CIMAT is truthful and valid.

I further declare that I am aware that any traveling I undertake during my stay in Mexico is my own responsibility and CIMAT will not be liable for any accident, misadventure, natural disaster or fortuitous event resulting from my travels in Mexico, or from the use of vehicles or public transportation. I likewise acknowledge that CIMAT will not be held responsible for any crime that I might be the victim of during my stay in Mexico and that it is my obligation to cover the costs of any legal assistance that might be required.

I certify that I have answered the Medical Info Form truthfully and accurately. I additionally declare under oath that I have the medical insurance with the terms required by CIMAT and that I am in a suitable physical and medical condition to be able to travel to the city of Guanajuato and participate in the program. Also, that I understand that CIMAT will not be liable for any incidents related to my health that have not been declared in advance or are not covered by my insurance plan.

I understand that I am solely responsible for my pre-program, program, and post-program medical care in all respects, including, but not limited to, obtaining, and taking necessary medication(s), vaccinations, and any other medical care and treatment.

By not checking the " I do not grant the use of my image for promotional purposes of the program." box at the bottom of this form, I grant to CIMAT the right to use the records where my image appears due to my participation in the program or activities associated with it, in perpetuity for promotional and any other commercial purposes without any cost. I hereby irrevocably authorize CIMAT to edit, alter, copy, exhibit, publish or distribute this photo or video for purposes of publicizing the CIMAT programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

I have read this release before electronically or handwritten signing and I fully understand the contents, meaning, and impact of this release.

Name and Signature: _____

Date: _____

I do not grant the use of my image for promotional purposes of the program.