## RELEASE, WAIVER AND MEDICAL AUTHORIZATION GUSTAVUS ADOLPHUS COLLEGE OFF-CAMPUS PROGRAMS

This is a release – read it very carefully.

ID #	NAME:		DATE	
PROGRAM OR	COURSE			
SEMESTER 1	SEMESTER II	FULL YEAR	JANUARY TERM	
I,		<del></del> `	ll be participating in a cross-cultural	
off-campus program	m or course offered thro	ugh Gustavus Adolphi	us College. Although Gustavus	
Adolphus College	is sponsoring this course	e, I understand that nei	ther the College nor any of the Cour	se
Instructors or trave	l arrangers will be super	vising me all the time	I will have the opportunity and the	
right to independer	ntly leave the group peri-	odically, subject to the	instructor's requirements for	
participation in and	l attendance at classes a	nd other activities, whi	ch are a required part of the course of	or
program. Therefor	e, I will be responsible t	for my own safety and	cannot hold the College or any of th	e
Course Instructors	or travel arrangers liable	e for any injuries to my	person or property or any other los	ses
as a result of my pa	articipation in the course	e or program. I unders	tand that unless I am financially	
	arent or guardian must a	1 0	<u> </u>	

## I, therefore, agree that:

- 1. <u>SUBMISSION TO PROGRAM RULES AND REGULATIONS:</u> The program director has the authority to establish rules necessary for the operation of the program. I will comply with all rules and regulations established by the program director. Should the director decide that I must be separated from the program because of violation of such rules, for disruptive behavior, or for conduct, which could bring the program into disrepute, I understand that the decision will be final. I further agree that I will: a) not buy, sell, or use either illegal drugs or any prescription drugs for which I do not have a specific prescription at any time; and b) not engage in abusive use of alcohol; and c) participate in all orientation sessions, classes and scheduled activities unless ill; and d) abide by all local laws and dress and cultural codes suitable in the countries visited.
- 2. <u>LIABILITY FOR COSTS AND FEES/NON-REFUNDABLE:</u> I am responsible for any and all fees and costs, including, but not limited to, costs associated with travel (e.g. airfare) and accommodations associated with this program. I understand that if I cancel my involvement in this program, I will be responsible for all costs and fees that are determined to be non-refundable to the college.
- 3. <u>LIABILITY FOR ACTS OF OTHERS:</u> I release Gustavus Adolphus College, any member college, any employee, servant, agent, directors thereof, from any liability for injury to myself or any damage to or loss of my possessions caused by acts or omissions of any hotels, carriers, fellow students, restaurants, educational organizations, persons, groups, or organizations, including, but not limited to, Gustavus Adolphus College, its officers, employees, directors, agents, or servants in connection with, resulting in, or arising from my participation in this program.
- 4. <u>VOLUNTARY TERMINATION FROM PROGRAM</u>: If I decide to leave the program before completing my course of study, I will provide the program director with advance written notice of my intention to leave the program. I understand that, if I leave the program prior to its completion, Gustavus Adolphus College and the program director have no liability to provide or arrange for transportation, housing, dining, or other services to me in connection with my early

departure. I understand that I will continue to be responsible for all unrecoverable expenditures made on my behalf for this program.

- 5. <u>TERMINATION OF PROGRAM:</u> Gustavus Adolphus College may, at its discretion, determine that circumstances within a foreign country require the cancellation of the program within that country. Gustavus Adolphus College will provide me with as much advance notice as possible of its intention to cancel the program in which I will participate. I also understand that a foreign government may prematurely terminate the program. In that event, Gustavus Adolphus College will provide me with assistance in arranging transportation back to the United States, at my expense. I understand that Gustavus Adolphus College bears no liability for any losses or claims incurred by me in connection with the termination of the program. If I decide to remain in the foreign country after receiving notice of the intent of Gustavus Adolphus College to terminate the program, I bear complete responsibility and liability for my own care and safety.
- 6. <u>REFUND POLICY:</u> In the event of war or US State Department travel warnings, the College may be forced to cancel programs or courses. In this case students would have no financial responsibility for cancellation penalties and course payments. If a student elects to cancel participation in a course or program that has not been cancelled by the College, the student is responsible for all costs of the course, less recoverable costs, if any. If a situation arises during the course, the College will handle the same on a case-by-case basis following the Gustavus Crisis Management Plan as much as possible.
- 7. <u>MEDICAL AUTHORIZATION:</u> I hereby authorize the program director to procure all necessary medical assistance while I participate in this program and to authorize any competent medical person to do all things reasonably necessary, including the administration of anesthetics and surgery to treat any injury or illness which occurs during my participation in the program, if I am unable to direct my self care. I understand that I will be financially responsible for any medical treatment I receive.
- 8. <u>HEALTH INSURANCE:</u> I or my parent/guardian, has sufficient health, accident, disability, hospitalization and personal property insurance to cover him/her during his/her participation in the program. None of the fees paid for the program are used to pay for such insurance. Gustavus Adolphus College has no obligation to provide such insurance.

This waiver and release will be governed by the laws of the State of Minnesota

I have read the foregoing release and agreement and I accept the conditions stated therein.

Date Signature of Participant Printed Name

Health Insurance Provider Policy #

I have read this entire agreement and agree with the terms on behalf of myself, and my dependent child.

Date Signature of Parent Printed Name