



RELEASE OF LIABILITY, WAIVER OF RIGHTS, AND ASSUMPTION OF RISKS FOR DREW UNIVERSITY SPONSORED EDUCATION ABROAD PROGRAMS

I, _____ (print name) have voluntarily decided to participate in a Drew University sponsored off-campus program, _____ ("the Program"), to be held in and around _____ (location, "the Program Location") from _____ to _____ (dates). In partial consideration for being permitted by Drew University to participate in the Program, I agree to the following terms and conditions.

Rules and Requirements: As a condition of my participation in the Program, I understand I will be required to observe the laws of the country in which I will be residing. I agree to observe all academic and disciplinary regulations in effect at the host institution(s). I also agree to comply with Drew University's policies and procedures, including academic honesty, student conduct, and the Human Rights Policy. I understand that foreign countries may have customs and standards that differ from those to which I am accustomed. I understand and agree that I will be expected to comply with standards of acceptable behavior and appropriate conduct in the host country, as discussed at pre-departure and on-site orientations and in written pre-departure materials. I understand that any violation of these requirements, as well as academic failure, may constitute grounds for expulsion from the Program and the referral of any violations to Drew University for handling. I understand that I will be responsible for any costs or expenses related to my expulsion from the Program.

As a condition of my participation in the Program, I also agree to disclose any physical or psychological concerns that may impact me, my ability to participate in the Program, or others. I understand that medical insurance and coverage are required. General medical requirements are addressed in separate documentation and I understand I am required to submit a health form as a condition of my participation.

Informed Consent: I understand that international travel, especially travel in developing countries, involves certain inherent risks, including physical injury, damage, or death. These risks arise from a variety of causes and can include, but are not limited to, crime, civil unrest, traffic accidents, safety hazards, sexual harassment, or disease. I also understand that there are risks associated both with travelling to and from the Program Location, as well as travelling in-country. I also understand that medical care, first aid, and emergency services at the standard available in the United States may not be readily available in the Program Location.

I agree to learn about the risks associated with traveling to, from, and in the Program Location. I have carefully read copies of the latest "Country Specific Information" bulletin for the Program Location issued by the U.S. Department of State (dated _____) and any current U.S. Department of State issued Travel Alert for the Program Location (dated or N/A _____). I understand that emerging or ongoing political, natural, or economic events can increase the level of risk associated with travel and study abroad. I have read the information provided or made available to me, the insurance information card, and the emergency contact card and have also reviewed these documents with my instructor/trip leader, _____, as well as information about the Program Location and its laws and customs. My instructor/trip leader has answered any questions I have relating to these documents. I also agree to monitor any updated Country Specific Bulletins, Travel Alerts, and/or Embassy Notices available at www.travel.state.gov and to consult with my instructor/trip leader, if I have any further questions or concerns.

Knowing these risks, I still choose, knowingly and voluntarily, to participate in the Program to be conducted in the Program Location on the dates specified. My decision is made with full knowledge of the risks that are inherently associated with international programs.

Release and Waiver of Liability: I RELEASE, HOLD HARMLESS, and DISCHARGE Drew, including its governing board, directors, officers, employees, trip leaders, agents, contractors, volunteers or other students (collectively termed "Drew") from any and all liability, claims, demands or causes of action for injuries or damages arising out of my participation in the Program, REGARDLESS OF WHETHER THE INJURY DAMAGE OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT TO OR FROM THE PREMISES WHERE THE ACTIVITY, OR ANY ADJUNCT TO

THE ACTIVITY, OCCURS OR IS BEING CONDUCTED. I agree that I WAIVE and WILL NOT SUE or make any other claim against Drew for any injury, loss or other damage regardless of whether the injury, damage or death is caused by Drew, unless the injury, damage or death is caused by Drew's gross negligence or intentional misconduct.

I also understand and agree that Drew may not be held responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in the Program, or as the result of the negligence of any party, including Drew, unless such injury results from Drew's gross negligence or intentional misconduct. I further agree that Drew is not in any way responsible for any injury or damage that I sustain as a result of my own negligent acts. I also understand and agree that Drew is not responsible for any injury or damage that I sustain if I travel independently or am otherwise separated or absent from the program, during, before or after the term of the Program.

I understand and agree that I am voluntarily giving up and waiving my right to sue the Released Parties. I represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be precluded from claiming otherwise because of my representations to the Released Parties.

Assumption of Risk: In consideration of being allowed to participate in the Program, I further agree to personally assume all risks associated with this Program, whether those risks are foreseen or unforeseen, including, but not limited to, those that result from or are related to the academic, travel or service-learning related portions of the Program. I understand that Drew University is not responsible to any person for my acts or omissions.

Delays and Losses: I agree that while Drew University makes arrangements for non-academic services as a convenience to program participants, Drew University does not accept any responsibility, for delays, loss, damage or injury to person or property of any nature whatsoever, caused to me or others prior to departure, while traveling, or while residing off campus.

Release of Information: I agree that the University and/or its agents may disclose information regarding me, including information contained in my educational record as defined under the Family Educational Writes Privacy Act (FERPA), as necessary in the judgment of University officials to protect my safety, health, or welfare, or as associated with the institutional needs of the program.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE, WAIVER, AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE SIGNING AND I SIGN IT ON BEHALF OF MYSELF AND MY HEIRS.

I further state that I am of lawful age and legally competent to sign this assumption of risk, waiver and release of liability. I understand the terms herein are contractual in nature and limit my legal rights. I have signed this Agreement of my own free act and with the knowledge that I am agreeing to waive and give up legal rights. If any provision of this Agreement is found to be unenforceable, invalid, or otherwise in conflict with any governing law, *the remaining portions shall continue to have full force and effect.*

Participant's Signature

Date

If participant is under the age of 18, his or her parent or legal guardian must also sign:

I, (printed name) _____, am the parent or legal guardian of the participant who has signed above. I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Release From Responsibility, Assumption of Risk, and Waiver.

Signature of Parent or Legal Guardian (date)

Witness over 18 years of age
(Parent /Guardian must sign in the presence of the Witness)