

## ASSUMPTION OF THE RISK FORM FOR INTERNATIONAL TRAVEL AND PROGRAMS

I agree that as a participant in the *(Transfer Tour Program)* associated with Blue Ridge Community College (the "College") scheduled for to , I am responsible for my own behavior and well-being. I accept this condition of participation, and I acknowledge that I have been informed of the general nature of the risks involved in this activity. I agree to abide by the College's rules and understand that the College reserves the right to discontinue my participation in the Program at any time if I violate these rules or any reasonable program requirement. I further understand that the College may discontinue my participation at any time should I by my actions or general behavior, in the sole discretion of the College, impede or obstruct the progress of the Program in anyway.

I understand that, although the College has made reasonable efforts to assure my safety while participating in the Program, that there are unavoidable risks involved in travel overseas. I therefore understand that there is no guarantee that this study/travel program is free of risk of personal injury, property damage or loss. In exchange for being permitted to participate in the program, I agree to assume the risk for any injury, such as and including sickness or death to me, or damage or loss to my property, which may occur as a result of my participation in this program or arising out of my participation in this program, due to airline and ground travel, and general risks associated with visiting a foreign country with different laws, regulations, medical care and possibly including exposure to different diseases, other health risks, and possibly a different language. I understand that the only exception of the preceding sentence is if injury, loss or damage is due to the negligence of the employees or agents of the above named organization(s).

I understand that in the event of accident or injury, personal judgment may be required by College personnel regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that the College personnel may not legally owe me a duty to take any action on my behalf. I also understand that it is my responsibility to secure personal health insurance in advance, if desired, and to take into account my personal health and physical condition.

I further agree to abide by any and all specific requests by the College for my safety or the safety of others, as well as any and all of the College's rules and policies applicable to all activities related to this program. I understand that the College reserves the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety or welfare of others.

In consideration for being permitted to participate in this program, and because I have agreed to assume the risks involved, I hereby agree that I am responsible for any resulting personal injury, damage to or loss of my property which may occur as a result of my participation or arising out of my participation in this program, unless any such personal injury, damage to or loss of my property is directly due to the negligence of the College. I have or will attempt to secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. By my signature below, I certify that I have confirmed that my health care coverage will adequately cover me while outside the United States, and hereby agree that I am responsible for any expenses incurred by me for injuries or illnesses (including death) that I may incur because of those injuries or illnesses.

I understand that this Assumption of Risk form will remain in effect during any of my subsequent visits and program-related activities, unless a specific revocation of this document is filed in writing with *(Rajan Shore or Annette Williams)*, at which time my visits to or participation in the program will cease.

I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement, I have the right to consult with the adviser, counselor or attorney of my choice. I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.

**Participant First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**College wish to tour:** \_\_\_\_\_

**What you are considering majoring in at the college you will be visiting:** \_\_\_\_\_

In case an emergency situation arises, please contact \_\_\_\_\_ (name), at  
\_\_\_\_\_ (address), at \_\_\_\_\_ (phone number).

*I acknowledge that I have read and fully understand this document. I further acknowledge that I am accepting these personal risks and conditions of my own free will.*

I represent that I am 18 years of age or older and legally capable of entering into this agreement.

*Participant's signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Address:* \_\_\_\_\_

**If participant is less than 18 years of age, the following section must be completed:**

My child/ward is under 18 years of age and I hereby provide permission for him/her to participate in this program, and I agree to be responsible for his/her behavior and safety during this event.

*Child's Name* \_\_\_\_\_ *Parent's or guardian's signature* \_\_\_\_\_

*Address:* \_\_\_\_\_ *Date* \_\_\_\_\_