



HARVARD UNIVERSITY

*Harvard University Risk and Release Form
HARVARD COLLEGE AND
GRADUATE/ PROFESSIONAL SCHOOLS*

**INTERNATIONAL FIELD TRIP:
ASSUMPTION OF RISK AND GENERAL RELEASE FORM**

***THIS IS A RELEASE OF LEGAL RIGHTS –
READ AND UNDERSTAND BEFORE SIGNING***

Name of Participating Student: _____

Description of International Field Trip: _____

Course Number and Name (if applicable): _____

Faculty Trip Leader: _____

Destination(s): _____

Date(s): _____

I am a student at Harvard University (“Harvard”) and have chosen voluntarily to participate in the international field trip described above (the “Trip”). (“Trip” is understood to include all activities at destinations, and all travel to and from such destinations.) I was not required to participate in this Trip as a condition of receiving my degree. This agreement confirms my understanding of the following:

1. Risks of International Travel; U.S. State Department Warning. I understand that participation in the Trip and international travel involves risks not found in study at Harvard. These include without limitation risks involved in traveling to, from, and within international locations; foreign political, legal, medical, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; and local weather conditions. The country or countries to which I will travel may have health and safety standards that differ from those enjoyed in the United States, and I recognize that I may be subjected to potential risks, illnesses, injuries and even death. I have made my own investigation of these risks, understand these risks and assume them knowingly and willingly.

I also acknowledge that in working, living and traveling in cities abroad, I may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are different from those to which I am accustomed in the United States. I acknowledge that it is my responsibility to take every precaution to safeguard my health and to protect my personal belongings from damage or

theft. I acknowledge that Harvard recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well being.

I understand that, although Harvard has organized the Trip, it cannot eliminate all risks or guarantee my safety while I am abroad. I have read and understood all information on the U.S. State Department website (<http://travel.state.gov>) about the country or countries to which I am traveling, including, without limitation, the U.S. Department of State Consular Information Sheet and the State Department Warning (if applicable). I also have reviewed the U.S. Centers for Disease Control health advisory information relating to travel abroad found at <http://www.cdc.gov/travel>, and any additional information available from the World Health Organization website (<http://www.who.int/>). With knowledge of this information, I have made the independent judgment to participate in the Trip.

2. Health Insurance; Medical Care; Health and Safety Concerns. I understand that I am responsible for obtaining any recommended immunizations before traveling to my destination. I carry valid and current medical insurance and have a valid insurance identity card to bring. I have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while participating in the Trip. I will be solely responsible for payment in full of all costs of medical care I may receive overseas.

I am also aware that, during my participation in the Trip, I will be automatically enrolled in, but must register for, the International SOS Travel Assistance Program (“ISOS”), which offers medical information and evacuation, emergency assistance including translation services, legal referrals, and general travel advice and is a supplement to, not a substitute for, health insurance. I have reviewed the information about ISOS found at: http://vpf-web.harvard.edu/rmas/4_insurance/IntnlSOS.html.

I authorize Harvard to obtain appropriate health care for me in the event that I need it but am unable to obtain it for myself. I further agree to hold harmless and indemnify Harvard for any and all actions taken by Harvard to provide necessary emergency medical care to me during the Trip. I also understand and agree that if I experience serious health problems, suffer an injury, or am otherwise in a situation that raises significant health and safety concerns, then Harvard may contact my parents or any other person whose name I have provided as my “emergency contact.” I understand that Harvard ordinarily will not initiate such contact without first having a discussion with me.

3. Standards of Conduct. I recognize that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations; with Harvard’s policies for student conduct (including without limitation those set forth in the *Student Handbook* and in any Trip-specific materials); with the policies of my host institution (if any); and with any instructions given by the Trip leaders. I promise to act responsibly and will become informed of, and will abide by, all such laws, regulations, policies and standards. I will comply with Harvard’s policies, standards and instructions for student behavior. I agree that Harvard has the right to enforce all standards of conduct described above.

4. Travel Arrangements. I understand that Harvard does not represent or act as an agent for, and cannot control the acts or omissions of, any host family, employer, transportation carrier, hotel, tour organizer or other provider of food, goods or services involved in the Trip. I understand that Harvard is not responsible for matters that are beyond its control, and that it

cannot warrant the safety or convenience of the circumstances under which I will be living or working.

5. GENERAL RELEASE. Knowing the risks described above, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Trip. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify Harvard, and its officers, directors, faculty, staff, representatives, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, related to my participation in the Trip (including periods in transit to or from my destination), resulting from any cause, including but not limited to ordinary or gross negligence.

I certify that I am age 18 or older. I have carefully read and freely signed this Assumption of Risk and General Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the Commonwealth of Massachusetts (excluding its conflict of laws principles), which shall be the forum for any lawsuits filed under or incident to this agreement or the Trip.

Signed: _____ Date: _____

Student Name (print) _____

Harvard College Residential House Affiliation (if applicable): _____

If student is under age 18, the parent and/or legal guardian must sign below:

I, the undersigned parent and/or legal guardian of the student listed above (the "Student"), do hereby consent to his or her participation in the Trip. I, as the parent of the Student and on behalf of the Student, release, hold harmless and agree to indemnify Harvard, and its officers, directors, faculty, staff, representatives, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I or the Student may suffer, or for which the Student may be liable to any other person, related to the Student's participation in the Trip (including periods in transit to or from the Student's destination), resulting from any cause, including but not limited to ordinary or gross negligence.

Signed: _____ Date: _____

Name (print): _____

EMERGENCY CONTACT INFORMATION:

United States:

First Contact

Name _____ Relationship _____

Telephone (home) _____ Telephone (cell) _____

E-Mail Address(es): _____

Second Contact

Name _____ Relationship _____

Telephone (home) _____ Telephone (cell) _____

E-Mail Address(es): _____