

Study Abroad Student Liability Waiver Form

Please read this document carefully before signing. This is a legally binding agreement that releases the institution from liability during your participation in the study abroad program. This form is designed to be filled out and printed.

1. Student Information

Full Name (Last, First, Middle):

Student Identification Number:

Email Address:

Study Abroad Program Name:

Destination Country and City:

Semester/Term and Year:

2. Emergency Contact Information

Emergency Contact Full Name:

Relationship to Student:

Primary Phone Number:

3. Terms of Waiver, Assumption of Risk, and Release

Assumption of Risk: I understand that participation in the study abroad program involves travel and activities outside of the United States, which may include risks to personal safety, health, and property. I voluntarily choose to participate in this program and assume all risks associated with my travel and stay, including but not limited to accidents, illnesses, disease, civil unrest, and property damage.

Release of Liability: I hereby release, waive, and forever discharge the Institution, its governing board, officers, employees, and agents from any and all liability, claims, demands, or causes of action arising out of or related to any loss, damage, or injury (including death) that may be sustained by me while participating in the program or while traveling to and from the program destination.

Medical Consent: In the event of emergency medical need, I authorize program representatives to secure medical treatment on my behalf if I am unable to do so. I agree that I am solely responsible for all financial costs associated with such medical care and transportation.

Code of Conduct: I agree to abide by all rules of the host institution, laws of the host country, and policies of my home institution. I understand that failure to do so may result in immediate dismissal from the program at my own financial expense.

4. Acknowledgment and Signatures

By typing your name below, you acknowledge that you have read this agreement, fully understand its terms, and agree to be bound by it. Please print the completed document for physical signature submission.

Student Signature (Print Name):

Date (MM/DD/YYYY):

**If the student is under 18 years of age, a parent or legal guardian must also sign below:*

Parent/Guardian Full Name:

Parent/Guardian Signature:

Date (MM/DD/YYYY):