

Study Abroad Liability Waiver Form

Participant Name

Study Abroad Program

Program Dates

e.g., January 10, 2025 - May 5, 2025

Liability & Assumption of Risk

I understand that participation in the Study Abroad Program involves inherent risks, including but not limited to travel risks, accident, illness, injury, property damage or loss, and other hazards associated with international travel and study. I acknowledge my responsibility to comply with all applicable laws and program rules.

I voluntarily assume all risks associated with my participation. I agree to release and hold harmless the hosting institution, its officers, agents, employees, and volunteers from any and all liability, claims, demands, actions, 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 or traveling to or from the program.

Medical Authorization

I authorize the program staff to seek appropriate medical treatment in the event of injury or illness and agree to be responsible for any costs incurred as a result.

Participant Declaration

I have read and understand this waiver and release. All information provided above is accurate. I sign this form voluntarily and with full knowledge of its significance.

Signature of Participant

Date

Signature of Parent/Guardian (if under 18)

Date