1. Release from Liability: I release Lycoming College, its officers, employees, agents, and representatives from any and all claims and causes of action for loss of or damage to property, bodily or personal injury, loss of companionship or support, or death sustained by me or third parties arising out of any activity or travel conducted by or under the control of Lycoming College, unless the loss, injury, or death is caused by the negligence of Lycoming College.

2. Indemnification: I agree to indemnify and hold harmless Lycoming College, its officers, employees, agents, and representatives from any and all claims, demands, causes of action and all expenses incidental thereto (including reasonable attorney’s fees), based upon or arising out of any personal injury (including death) or property damage or loss caused by or resulting from my acts or omissions during enrollment in this study abroad program.

3. Independent Travel: I understand that if I choose to travel independently during my free time, such travel will be unsupervised by Lycoming College, its agents, or employees. I agree that the College, its agents and employees shall have no responsibility or liability for any injury, damage, or loss suffered by me during such periods of independent travel.

4. Medical Treatment: I understand and acknowledge that there are inherent health risks associated with traveling abroad. I agree that I am personally responsible for obtaining all health information, instruction, immunizations, and medications appropriate to my intended travel. I recognize that the College is not responsible for any of my medical or medication needs and I assume all risk and responsibility therefore. I further agree that if I become incapacitated, the College, through its agents and employees, may take whatever action is deemed necessary with respect to my health and safety. I authorize the College, its agents and employees to place me, at their discretion and without my further consent, in a hospital or in the care of a local doctor for medical services and treatment. If necessary or desirable, I also authorize them to transport me back to the United States by commercial airline or otherwise for medical treatment. I agree that I, along with my parents or guardian, will be fully responsible for any and all expenses, including transportation costs, associated with or in any way related to my medical care.

5. Health Insurance: I certify that I will be covered by health insurance valid outside the United States and sufficient to cover medical expenses during my participation in the study abroad program.

6. Student Conduct: I will comply with the student conduct regulations of the host institution and/or study abroad program throughout the duration of my participation in the study abroad program. I agree that the Program Director shall have the right to enforce appropriate standards of behavior and that I may be dismissed from the program at any time for failure to comply with such standards.
7. Laws of Foreign Countries: I understand that as an American citizen in a foreign country, I will be subject to the laws of that country. I agree to comply with those laws, including refraining from using, possessing or selling any illegal drugs. I understand that being charged with any infraction of the laws of the host country, including possession of any illegal drugs is grounds for immediate expulsion from the program, without refund. In addition, I understand that should I have any legal problems in the host country, that I will be responsible for any legal costs incurred as a result.

8. Program Cancellation: I understand that the College reserves the right to make cancellations, changes, or substitutions in the program at any time because of emergency, changed conditions, or the Program Director’s determination that such changes or substitutions are in the best interest of the program or its participants.

9. Termination of Participation in the Program: I understand that if my participation in the program is terminated by the Program Director, I will be sent home with no refund of fees. If I am sent home before completion of the Program, or if I leave the Program voluntarily for any reason, I agree that I, along with my parents or guardian, will be responsible for any and all costs and expenses associated with my return home.

10. Assumption of Risk: I acknowledge that participation in the study abroad program in _____________________{name the program} involves risks that are beyond the control of Lycoming College. I understand that the social, cultural, political, religious, governmental, health care, legal (both civil and criminal) and other systems, as well as the geophysical characteristics of foreign countries may be different, in subtle and/or significant ways, from those in the United States. For example, behavior that might illegal, or socially or culturally unacceptable or offensive in the United States may not be illegal and may be normal or acceptable in certain foreign countries; behavior that is considered normal or acceptable in the United States may be illegal or socially or culturally unacceptable or offensive outside the United States. In some countries political unrest and/or upheaval may be anticipated; police, fire and other governmental systems may be inadequate in certain countries; the quality and availability of health care may be very different than what is typically available in the United States; and different parts of the world are susceptible to different geophysical forces, including hurricanes, earthquakes, floods, tidal waves, tornadoes, volcanoes, and other natural disasters. I acknowledge that I have fully considered these and other risks of participation to our satisfaction. I also acknowledge that participation in this program is optional and that participation would not have been permitted without this release and agreement.

My consent to the terms of this agreement is indicated by my signature below:

Participant’s Signature  ___________________________ Date: ______________

Emergency Contact While Abroad:  Please return this form to:
Name ___________________________ Ms. Jackie Bilger
Relation to student ___________________________ Director of Human Resources
Phone # (home/work) ___________________________ Box 161
Phone # (cell) ___________________________ Campus Mail
(Rev: 09/28/04:bb)