



LYCOMING COLLEGE  
700 College Place  
Williamsport, PA 17701

## LYCOMING COLLEGE ASSUMPTION OF RISK AGREEMENT

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### MEMORANDUM OF UNDERSTANDING FOR PARTICIPATING IN LYCOMING-SPONSORED STUDY ABROAD PROGRAMS (WITH AFFILIATES) OR LYCOMING-SPONSORED SPECIAL SESSIONS TRAVEL COURSES OR TRIPS

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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 a Lycoming study abroad program or a Special Sessions travel course or trip.
3. **INDEPENDENT TRAVEL:** I understand that if I chose 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 Lycoming 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, Lycoming College, through its agents and employees, may take whatever action deemed necessary with respect to my health and safety. I authorize Lycoming 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 or the travel course.
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 or with the rules and procedures established by my Lycoming Course or Trip Leader. I understand that I represent Lycoming College, and I pledge to conduct myself in a manner that respects the culture of the country or countries in which I will travel. I agree that the Study Abroad Program Director and/or the Lycoming College Course Leader shall have the right to enforce appropriate standards of behavior, especially in regard to those rules and procedures that have been created to protect my safety.
7. **TERMINATION OF PARTICIPATION IN THE PROGRAM, COURSE OR TRIP:** If at any time, the Program Director, Course Leader or Trip Leader determines that I have failed to comply with this agreement of student conduct, I understand that I may be dismissed from the program, travel course or trip, and that I may be sent home at my personal expense. This may be accomplished by changing the return date of my airline ticket or by purchasing a new ticket for me. In either case, I assume responsibility for the costs required to return to the departure city in the United States. Furthermore, if I am sent home, I will receive no refund of fees. Finally, if I leave the program voluntarily for any reason, I agree that I, along with my parents or legal guardian, will be responsible for any and all costs and expenses associated with my return home.
8. **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, I will be responsible for any legal costs incurred as a result.

9. PROGRAM CANCELLATION: I understand that Lycoming 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, Course Leader's or Trip Leader's determination that such changes or substitutions are in the best interest of the program or its participants.
10. ASSUMPTION OF RISK: I understand that participation in the study abroad program, travel course or trip named below 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 be illegally, socially, or culturally unacceptable or offensive in the United States may not be illegal and may be normal or acceptable in certain foreign countries; or behavior that is considered normal or acceptable in the United States may be illegal, offensive, or socially or culturally unacceptable 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: 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.
11. I agree that, should any provision or aspect of this Assumption of Risk Agreement be found to be unenforceable, all remaining provisions of the agreement will remain in full force and effect.
12. I represent that I am at least eighteen years of age, or if not, that I have secured below the signature of my parent or legal guardian as well as my own.

*I have read and understand the terms of this agreement. My consent to the terms of this agreement is indicated by my signature below:*

Printed Name of Student/Participant: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Coordinator of International Education: \_\_\_\_\_

Study Abroad Program or Name of Travel Course and Location: \_\_\_\_\_

EMERGENCY CONTACTS WHILE ABROAD: *(Please list two contacts if possible)*

Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____

Telephone Contact Numbers:	Telephone Contact Numbers:
Home: _____	Home: _____
Work: _____	Work: _____
Cell: _____	Cell: _____
Other: _____	Other: _____

PLEASE RETURN FORM TO: Director of Human Resources, Long Hall Room 114 or Campus Mailbox 861