

**RELEASE OF LIABILITY, WAIVER OF RIGHTS, ASSUMPTION OF RISKS, AND
INDEMNITY AGREEMENT**

I, _____ (“Participant”), hereby acknowledge that I have voluntarily elected to participate in _____ (“Course”) to be held in and around _____ (“Location”), during term(s) _____ 20____. In consideration for being permitted by Cornell College to participate in the Course, I hereby acknowledge and agree to the following:

ELECTIVE PARTICIPATION: I acknowledge that my participation is elective and voluntary and is not required by Cornell College. As a condition of my participation, I hereby grant Cornell College the right to use, for promotional purposes only, any photographs of me taken by Cornell College, its employees or agents, during my participation in the Course. I further understand and agree that Cornell College may use (for marketing purposes) any statements or quotes attributed to me in my evaluation of the Course.

RULES AND REQUIREMENTS: I agree to conduct myself in accordance with Cornell College policies and procedures, including The Compass and the Academic Catalogue. I further agree to abide by all the rules and requirements of the Course. I acknowledge that Cornell College has the right to terminate my participation in the Course if it is determined that my conduct is detrimental to the best interests of the group, or my conduct violates any rule of the Course. I understand that in the event my participation in the Course is terminated for violating any rule of the Course, I will be solely responsible for the cost of return travel to be arranged by the Office of International & Off-Campus Study and placed on my Cornell student account. Return travel arrangements will be communicated to the faculty instructor who will provide this information to me. It is my responsibility to communicate these travel arrangements to my parents and/or emergency contacts. I further understand and agree that Cornell College is not responsible for any injury or damage that I sustain if I travel independently or am otherwise separated or absent from Cornell College sponsored activities. I acknowledge that I am solely responsible for any legal problems I encounter with any foreign nationals or government and Cornell College is not responsible for providing any assistance under those circumstances.

INFORMED CONSENT: I have been informed of and I understand various aspects of the Course, including but not limited to the Course Location. I understand that travel is considered dangerous and I accept the risks of such travel. I understand the risks involved in traveling, to, within and from the Location, including but not limited to foreign political, legal, social, and economic conditions, language barriers, safety hazards, crime, disease, consumption of food, civil unrest or hostilities, terrorism, war, natural disasters and weather conditions, and negligent first aid operations or medical treatment. I further understand that serious injuries could occur during my participation in the Course and that as a Participant I could sustain personal injuries, property damage, or even death as a consequence of Course activities, local transportation to and from the Course activities, travel to and from the Location.

I understand and hereby acknowledge that I have carefully reviewed and fully understand the directives and recommendations, including recommendations concerning immunizations and medicines (hereinafter “recommended immunizations”) for travel to, in, and around the Location, provided by:

- The [United States Department of State](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories/html), which issues Travel Advisories and Country Specific Information (<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories/html>);
- The [World Health Organization](http://www.who.int/csr/alertresponse/en) (<http://www.who.int/csr/alertresponse/en>); and
- The [Centers for Disease Control](http://www.cdc.gov/travel), via the International Travelers Hotline at 1-877-FYI-TRIP (1-877-394-8747) or at <http://www.cdc.gov/travel>.

I am aware of and understand the risks and dangers associated with travel to, in and around the Location during my participation in the Course, as well as with any activities I undertake which are not associated with the Course or sponsored or controlled by Cornell College, such as independent travel during free periods, periods of time extending beyond the termination of the Course, or other periods in which I am not participating in Course activities.

I certify that I have educated and informed myself about diseases, illnesses, and other health concerns that may result from living and traveling in the Location. I understand that I may be at risk for contracting certain diseases including, but not limited to, those outlined in the website references above.

I further acknowledge that at times during the Course I may be many hours from the nearest medical care or treatment, that available medical treatment may not equate with the level of care available in many U.S. hospitals, and that these conditions and the remoteness of some of my travel in the Location may subject me to additional risks of injury, disease, death or damage to my personal property; and, that any injuries or damage I do sustain may grow more severe or lead to my premature death due to the remoteness of the location, the lack of quick access to quality medical care in some instances, and/or the poor quality of the roads or available transportation in some areas.

I understand that serious injuries could occur during participation in this Course and that as a Participant, I could sustain serious personal injuries, illness, property damage, or even death as a consequence of not only Cornell College’s actions or inactions, but the actions, inactions, negligence or fault of others and that there may be other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any injury, illness, property damage, disability, or death that I may sustain by any means is my sole responsibility except for those occurrences due to Cornell College’s gross negligence or intentional misconduct.

RELEASE AND WAIVER OF LIABILITY. I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, **HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** Cornell College, its governing board, directors, officers, employees, agents, volunteers and any students (collectively “Releasees”) for any and all liability, including any and all claims, demands, causes of action

(known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, property damage or death that I may suffer as a result of my participation in the Course, **REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY RELEASEES, UNLESS THE INJURY DAMAGE OR DEATH IS CAUSED BY THE RELEASEES' GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT, AND REGARDLESS OF WHETHER THE INJURY DAMAGE OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT TO OR FROM THE PREMISES WHERE THE ACTIVITY, OR ANY ADJUNCT TO THE ACTIVITY, OCCURS OR IS BEING CONDUCTED.** I further agree that the Releasees are not in any way responsible for any injury or damage that I sustain as a result of my own negligent acts.

ASSUMPTION OF RISK: I understand that there are potential dangers incidental to my participation in the Course, some of which may be dangerous and which may expose me to the risk of personal injuries, property damage, or even death. I understand that these potential risks include, but are not limited to: travel to and from the Location, local transportation to and from the Course activities, including but not limited to foreign political, legal, social, and economic conditions, language barriers, safety hazards, crime, disease, consumption of food, civil unrest or hostilities, terrorism, war, natural disasters and weather conditions, negligent first aid operations or medical treatment, and other risks that are unknown at this time. **I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF THE RELEASEES, UNLESS THEY ARISE FROM THE RELEASEES' INTENTIONAL MISCONDUCT OR GROSSLY NEGLIGENT ACTS,** and I assume full responsibility for my participation in the Course.

INDEMNITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless, defend and indemnify the Releasees from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, property damage or death that I may suffer as a result of my participation in the Course, **REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES OR OTHERWISE, UNLESS THE INJURY DAMAGE OR DEATH IS CAUSED BY THE RELEASEES' GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT.**

PERSONAL BELONGINGS: I understand and acknowledge that Cornell College is not responsible for the loss of any personal belongings or property that I sustain during my participation in the Course, including but not limited to the loss of credit cards, cash, luggage, and other items.

ACCOMMODATIONS: If I have any physical or health-related problems or concerns that may either restrict my participation in the Travel Program or require accommodations, I acknowledge that I have disclosed such concerns to the designated person within the College's Office of International & Off-Campus Studies and that we have discussed appropriate accommodations.

PERSONAL MEDICAL INSURANCE: I acknowledge and agree that I may be responsible for the cost of certain medical and health services I may incur as a result of participating in the Course. I understand that Cornell College provides to Cornell College International Off-Campus Course participants health insurance, including an emergency medical policy, repatriation, medical evacuation and non- medical assist service. I understand and agree that this policy contains exclusions and that it does not guarantee that all of the medically-related expenses I may incur will be covered. I understand that this policy does not cover any medical and health services incurred within the United States or Canada, nor any countries currently at war with the United States. I acknowledge that I have been given information about the coverage available under this insurance and eligibility requirements and limitations on coverage. I understand that the College assumes no responsibility beyond the limits of the coverage provided, and that it is my responsibility to determine whatever additional health, accident, disability, hospitalization, and personal property insurance, if any, I may need to cover any injuries, illness, or property damage that I may sustain or experience during my participation in the Travel Program. I further understand that it may be prudent for me to purchase my own primary coverage that covers me while I am participating in the Course.

MEDICAL CONSENT: I understand and agree that Releasees do not have medical personnel available at the location of the Course. In the event of any medical emergency, I authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that Cornell College’s personnel deem necessary for my safety and protection, and to sign authorization forms necessary to obtain the treatment. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. In the case of emergency, I give permission to the Student Health Center to release information to the Cornell program staff. I understand that state and federal law (including, but not limited to, the Family Educational Rights & Privacy Act) obligates the College to keep certain information about me confidential. I also understand that certain people may want to know about my whereabouts and condition when I am participating in the Travel Program. For that reason, I hereby authorize the College to disclose my education records relating to the Travel Program to the following individual(s) if I have a medical emergency:

Name: _____

Relationship: _____

Telephone Number: _____

Alternate Contact Information: _____

CHOICE OF LAW: I hereby agree that this Agreement shall be construed in accordance with the laws of the State of Iowa.

OPTIONAL: I understand that I may seek legal counsel of my own choosing to fully explain any terms of this Agreement to me before I sign it. However, I understand that this Agreement is required for my participation.

SEVERABILITY: If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES. I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. BY MY SIGNATURE I REPRESENT THAT I AM OF A LEGAL AGE CAPABLE OF CONSENT OR, IF NOT, THAT I HAVE SECURED BELOW THE SIGNATURE OF MY PARENT OR GUARDIAN AS WELL AS MY OWN.

Date: _____

(Signature of Participant)

(Printed Name of Participant)

Signature of Parent/Guardian for Participants who are Minors:

I certify that I have custody of Participant or I am the legal guardian of Participant by court order. **I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES.** I join with Participant in granting a release to Releasees as set forth in detail above.

Date: _____

(Signature of Parent or Guardian)

(Printed Name of Parent or Guardian)

Received by:

Date: _____

(Signature of Institution Official)

(Printed Name of Institution Official)