

INTERNATIONAL TRAVEL WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

To be completed by all non-employee participants (students, volunteers, alumni, chaperones, etc.). This form must be completed by all participants and submitted to the appropriate Program Administrator prior to participation.

Study Abroad Program Faculty Led Clubs Other University Sponsored Program

I, _____ (“Participant”), a student (non-employee) at Fairfield University (“University”) hereby
(Print Name)

acknowledge that I have voluntarily elected to participate in a University Sponsored Program (“Program”) to be conducted at:

_____ From: _____ to: _____
(Host institution/city, country)

In consideration for being permitted to participate in the Program, I hereby acknowledge and agree to the following:

I have been informed of and I understand the various aspects of the Program I have selected including, but not limited to, travel, itinerary, logistics, cancellation, and related Program activities. I also understand that as a Participant in the Program, I may sustain serious personal injuries, illness, property loss or damage, or even death as a consequence of the actions, inactions or negligence of myself or others, travel, weather conditions, and other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any such injuries and consequences that I may sustain by any means are my sole responsibility.

I understand there are potential risks inherent to my participation in the Program and these potential risks include, but are not limited to: travel to and from the Program; local travel within the Program site; consumption of food; weather conditions; language barriers; contagious diseases; terrorism; negligent first aid operations or procedures; and other risks that are unknown at this time. Although the University has made every reasonable effort to assure my safety while participating in the Program, there are unavoidable risks. I understand that the University is not in any way responsible for my wellbeing with respect to any travel destinations and /or participation in activities beyond those specifically required for the Program that I may choose to undertake before, during, or after the Program. I knowingly and voluntarily assume all such risks, both known and unknown, even if arising from the negligence of the Released Parties (described herein) and I voluntarily assume full responsibility for my participation in the Program.

I understand and agree that, although the University will attempt to maintain the Program as described in its publications, it reserves the right to change the Program including, but not limited to, the curriculum, instructors, itinerary, travel arrangements, or accommodations at any time and for any reason, with or without notice, and that the University, or its employees and agents, shall not be responsible or liable for any expenses or losses that I may sustain because of these changes.

I have no known physical or health-related reasons or problems that may preclude or restrict my participation in the Program and related activities, or I have disclosed to the University any physical, mental, and/or emotional conditions or problems, permanent or temporary, including special dietary and medication needs, or the need for visual or auditory aids that might impair my ability to participate in the Program. I hereby release each of the Released parties from any and all claims, damages, injuries, or loss arising out of my failure to disclose such conditions or problems.

I further agree that receiving any inoculations (if necessary) is my responsibility and I will not hold the University liable for any adverse reactions as a result of taking the inoculations or illness abroad or at home due to not taking the inoculations. I will make all preparations necessary to safeguard my health and comply with all recommended precautions pertaining to my health and safety. I have further arranged, through insurance or otherwise, to meet any and all needs for payment of health care coverage or medical costs that I may incur while I participate in the Program.

The University may, but is not obligated to, make any decisions and take any actions regarding my health and safety that it considers to be warranted under the circumstances, and I hereby authorize the University to make such decisions and take such actions. I agree to pay all expenses relating thereto and release the University from any liability for any such actions.

I understand and agree that I must comply with all applicable University rules, regulations and policies governing students. I understand and agree that the University reserves the right to dismiss me from the Program at any time should my actions or general behavior, in the sole discretion of the University, be determined to constitute a danger to myself, others, or is a detriment to the progress and objectives of the Program in any way.

In consideration of the opportunity afforded to me and with full knowledge and acceptance of the risks associated with international travel, I hereby release, indemnify, hold harmless and covenant not to sue Fairfield University, its trustees, officers, employees, volunteers, agents, representatives, and any other person involved with the Program ("Released Parties"), either directly or indirectly, from all claims, suits, expenses, attorney fees and demands of any nature (including negligence) caused by, deriving from, or associated with my participation in this Program and related activities, including the travel to and from the Program or to any events associated with this Program.

I make these covenants, release and waivers knowingly and voluntarily. It is further understood and agreed that this International Travel Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement is to be binding on my heirs and assigns and I sign it of my own free will.

Participant's Signature

Fairfield I.D. #

Date

If Participant is under 18 years old, his/her parent or guardian must sign below.

Parent / Guardian Name (Print)

Parent / Guardian Signature

Date