

*Please return this form to the Office of International Education.
Your signature as well as a parent/guardian signature are required on this form.*

**BUCKNELL UNIVERSITY
ASSUMPTION OF RISK AND RELEASE FORM
FOR OFF-CAMPUS STUDY**

This is a Release of Legal Rights – Read and Understand before Signing

Name of Student _____ ID # _____

I, _____, will be participating in an off-campus program (“Program”)
Student’s Name

_____ (program name) in _____ (location)
e.g. Arcadia/University of Queensland e.g. Brisbane, Australia

offered through Bucknell University during _____ semester/academic year.
e.g. Fall 2009

I hereby agree as follows:

1. Risks of Study Abroad

I hereby acknowledge that I have voluntarily and freely elected to participate in the above-named program and that my participation in off-campus study is not required. I understand that participation in the Program involves risk not found in study at Bucknell University (“University”). These risks include: traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; and other matters which may be described in brochures and other written information concerning this Program which I have received and reviewed. I have made my own investigation and am willing to accept these risks.

Bucknell cannot assume responsibility or liability for any acts of terrorism which may affect students studying abroad. If a State Department Advisory regarding the potential for terrorist acts is issued for the area, Bucknell students will be required to return to the US or to an appropriate location determined by the circumstances. I understand that the University shall not be responsible if an act of terrorism occurs and I agree to abide by any evacuation order that may be issued by the University.

2. Institutional Arrangements

I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, program provider, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out of any such matters.

3. Early Departure

If I decide to leave the Program before completing my course of study, I will provide the University and all relevant parties with advance written notice of my intention to leave the Program. If I leave the Program prior to its completion, the University has no liability to provide or arrange for transportation, housing, dining or other services to me in connection with my early departure.

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4. Standards of Conduct

- A. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior which violates those laws or standards could harm the University's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Program.
- B. I will comply with all rules and regulations issued by the University, program provider, and foreign institution. It is within these parties' discretion to determine that my violation of such rules and regulations warrants my termination from the Program. In that event, I may be sent home at my own expense. I agree that the University or the Program has the right to enforce its rules and regulations, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the Program, for violating these rules and regulations or for any behavior detrimental to or incompatible with the interests, harmony and welfare of the University, the Program or other participants. I recognize that due to the circumstances of foreign study programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at the University do not apply. If I am expelled, I consent to being sent home at my own expense with no refund of fees. I also agree that I will (a) not buy, sell or use drugs at any time, (b) not engage in abusive use of alcohol, (c) participate in all classes and scheduled activities unless ill, and (d) abide by dress and cultural codes suitable in the countries visited.

5. Program Changes

The University may, in its sole discretion, determine that circumstances within a foreign country may require the return of Bucknell students. The University will provide me with as much advance notice as possible of its intention to withdraw its students from the Program in which I will participate. I also understand that the University, the overseas institution, program provider or the foreign government may prematurely terminate the Program. I understand that the Program charges are based on current air fares, lodging rates and travel costs, which are subject to change. If I leave or am expelled from the program for any reason, fees already paid and any additional unrecoverable costs will not be refunded. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes or other unforeseen causes. The University bears no liability for any losses or claims incurred by me in connection with my own early termination from the program or the University's termination of its participation in the Program. If I decide to remain in the foreign country after receiving notice of the University's intent to terminate participation in the Program, I bear complete responsibility and liability for my own care and safety.

6. Health and Safety

- A. I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems which preclude or restrict my participation in this Program. Any special accommodations or support services I require in order to participate in the Program have been disclosed to the program provider or to the Office of International Education.
- B. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care in a foreign country or in the United States, during the Program, the University is not responsible for the cost or quality of such treatment or care.

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C. The University may (but is not obligated to) take any action it considers to be warranted under the circumstances regarding my health and safety. I hereby authorize the University, in conjunction with all relevant parties, to procure all necessary medical assistance while I participate in the Program and do authorize any competent medical person to do all things reasonably necessary to treat any injury or illness which occurs during my participation in the Program. I agree to pay all expenses relating thereto and release the University from any liability or any actions.

7. Assumption of Risk and Release of Claims

Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree on behalf of my family, heirs and personal representatives to assume all the risks and responsibilities surrounding my participation in the Program. I and my heirs and successors and assigns agree to release, indemnify and hold harmless Bucknell University, its past and present trustees, officers, employees, agents and the heirs, successors and assigns of each from any and all loss, cost, damage, liability or expense (including reasonable attorney's fees) resulting in or arising from my participation in the Program (including periods in transit to or from any country where the Program is being conducted).

8. Program Charges

I am responsible for any and all required payments and charges applicable to the Program. I understand the Program's cancellation policies and fees and agree to abide by them.

9. Health Insurance

I am insured for any medical expenses which I may incur while I participate in the Program. This policy is with _____ and my policy number is _____.

I have carefully read this Assumption of Risk and Release Form before signing it. No representations, statements or inducements, oral or written, apart from the foregoing written statement have been made.

This Agreement shall be effective upon signature, and shall be governed by the laws of the state of Pennsylvania, which shall be the forum for any lawsuits filed under incident to this agreement or to the Program.

Date: _____
_____ Student

I (a) am the parent or legal guardian of the above student; (b) have read the foregoing Assumption of Risk and Release Form (including such parts as may subject me to personal financial responsibility); (c) am and will be legally responsible for the obligations and acts of the student as described in this Assumption of Risk and Responsibility Release Form, and (d) agree for myself and for the student to be bound by its terms.

Date: _____
_____ Parent/Guardian