

**EMORY & HENRY COLLEGE  
OFFICE OF INTERNATIONAL EDUCATION  
STUDY ABROAD RELEASE & WAIVER  
FOR SEMESTER, YEAR, AND SUMMER PROGRAMS**

Release executed on \_\_\_\_\_ by \_\_\_\_\_ for the benefit of EMORY & HENRY COLLEGE.

1. In consideration of my being permitted to participate in a study abroad program coordinated by the Office of International Education of EMORY & HENRY COLLEGE (hereinafter referred to as the "PROGRAM"),  
at \_\_\_\_\_ for the academic period beginning in 20 , and ending 20\_\_\_\_,  
as sponsored and/or supported by CIEE: COUNCIL ON INTERNATIONAL EDUCATIONAL EXCHANGE (or other acting organization) and EMORY & HENRY COLLEGE, I, the undersigned, do hereby release and forever discharge EMORY & HENRY COLLEGE, including the Corporation, its Trustees, faculty, employees, staff, and other agents, of and against any and all liability and responsibility for any claim or cause of action on account of any personal injury, accident, damage, expenses, or other loss suffered or incurred, by me during, arising out of, or in any way associated with my study and/or participation in the program (including, but not limited to travel to and from and any other travel incident to my study and/or participation) and/or from contribution or indemnification in respect to any claim made against me by any person or entity in connection therewith. I further agree to indemnify EMORY & HENRY COLLEGE against any actions brought against it relative to my study as result of my acts or omission.
2. 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
3. I understand that I will be living on the campus of or in housing off the \_\_\_\_\_ campus.

I understand that should I choose living accommodations on the campus of a host institution, such housing is not under the auspices of EMORY & HENRY COLLEGE. I further understand and appreciate that there are inherent risks involved with study and living abroad, which are beyond the control of EMORY & HENRY COLLEGE or the host institution. These include risks involved in 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; local medical and weather conditions, and the possibility of emergency evacuation as a result of these various conditions. I agree to assume all such risks thereby releasing and forever discharging EMORY & HENRY COLLEGE, including the Corporation, its Trustees, faculty, employees, staff, and other agents, of and against any and all liability and responsibility for any claim or cause of action on account of any personal injury, accident, damage, expenses, or other loss caused, suffered, or incurred by or to myself, arising out of or in any way associated, directly or indirectly, with any living arrangements incident to my study and/or participation in the PROGRAM. I further acknowledge and represent that I have taken into account, and assume all the risk of health, safety, and travel abroad considerations, including but not limited to those as set forth by the United States Department of State <http://travel.state.gov/>, [http://travel.state.gov/travel/cis\\_pa\\_tw/cis/cis\\_1765.html](http://travel.state.gov/travel/cis_pa_tw/cis/cis_1765.html), [http://travel.state.gov/travel/cis\\_pa\\_tw/pa/pa\\_1766.html](http://travel.state.gov/travel/cis_pa_tw/pa/pa_1766.html), and the United States Centers for Disease Control and Prevention <http://www.cdc.gov/travel/index.htm>, as they apply to me and my Program. I further acknowledge and represent that these conditions are dynamic and may change and worsen, that I assume full and complete responsibility for any decision of mine to remain in the program despite increased risks to my health, safety, and security, including but not limited to risks that result in the issuance of the Travel Warning by the United States Department of State.

Further, I acknowledge that I have read and understand the above statements and that if I am unable to do so, for whatever reason, I have had them read to me and am confident that the individual doing so has read and/or translated the statements truthfully and in their entirety. I also acknowledge that I am of legal age in my state of residence to bind myself to this release and waiver, but if I am not at least 18 years of by signing, agree to be bound by all of its terms and conditions.

This release and waiver has been executed on behalf of myself, my heirs and assigns, and has been made with full knowledge of possible risks and hazards involved in travel and study abroad. This instrument has been executed in and shall be interpreted according to the laws of the Commonwealth of Virginia.

Signature of Student: \_\_\_\_\_ Witness: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE OF PARENT(S) OR GUARDIAN(S) REQUIRED IF UNDER THE AGE OF 18**

Signature of Parent/Guardian: \_\_\_\_\_ Witness: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Witness: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_