

## CONSENT & RELEASE AGREEMENT

The following agreement is designed to protect all participants including students, faculty members, American University, and the agencies and individuals cooperating with the University. You as the student participant and your parent (or legal guardian) if you are under 18 must sign this form to indicate agreement and or permission to participate.

**Sponsoring AU Office/Department:** \_\_\_\_\_

**Trip:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Departure Time:** \_\_\_\_\_ **Return:** \_\_\_\_\_

**From (location):** \_\_\_\_\_ **To (location):** \_\_\_\_\_

**Purpose of the Trip:** \_\_\_\_\_

**General Release:** I/ (we) understand that participation in this trip is entirely voluntary and that any program of travel involves some element of risk. I agree that, in consideration of American University ("University") facilitating my travel to \_\_\_\_\_ . I will not (including my parents, guardians, and

{Country}

legal representatives) attempt to hold the University, its trustees, officers, employees, agents, liable for any injury, death, or loss to person or property sustained by me while participating in or arising out of any travel or activity conducted by or under the auspices of American University. I understand that the University reserves the right to make cancellations, changes, and substitutions when the University deems it necessary. In such circumstance, the University will endeavor to refund fees advanced by participants where those fees are uncommitted and recoverable. I understand that the University makes no assurance that fees in connection with travel will be recoverable and/or refundable. As such, I hereby acknowledge that I have been advised to purchase trip cancellation insurance at my own expense.

**Insurance Coverage:** I/ (we) understand that the University requires that I be covered by appropriate accident and medical insurance and that I am financially responsible for such expenses. Signature below verifies that participant is enrolled in an adequate insurance program. The University recommends that participants consider insuring personal belongings against theft and loss.

**Medical Treatment:** I/ (we) understand that while I am overseas an emergency may develop which necessitates medical care, hospitalization, or surgery. Therefore, in the event of illness or injury, I authorize the University through its authorized Program Representative to secure any necessary emergency medical treatment including the administration of an anesthesia and surgery. I understand that such treatment shall be solely at my expense and I agree to reimburse the University for any expense that might incur on account of my injury or treatment.

**Conduct:** I agree to conduct myself in a safe and prudent manner while participating in any activity or travel conducted by or under the auspices of American University. I understand that all student participants are subject to University regulations, travel guidelines, and relevant state, federal, and international laws and that in the event of violation of these or other behavior which is deemed by University to be detrimental to participant or others, the Program Representative may immediately dismiss me from the program and require me to return to the United States. I also agree not to deviate from the proposed trip itinerary without the expressed permission of the University faculty/staff sponsor. I understand that while participating in any such activity or travel, I am subject to the University's *Student Conduct Code*. I further agree to indemnify, defend and hold harmless American University from any breach of these representations.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THEM, AS INDICATED BY MY SIGNATURE BELOW. I ALSO ACKNOWLEDGE FROM MY SIGNATURE BELOW THAT I HAVE COMPLETED A REQUIRED ORIENTATION SESSION DESIGNED TO EDUCATE ME ABOUT RISKS ASSOCIATED WITH TRAVEL ABROAD.

**Name of Participant:** \_\_\_\_\_ **AU ID:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete the reverse side of this form.**

Local Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
City: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name and signature of legal guardian for a student under the age of 18:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

**Print Form**