Study Abroad Waiver Form Valdosta State University Center for International Programs ADDRESS 204 Georgia Avenue • Valdosta, GA 31698-0037• WEB studyabroad@valdosta.edu PHONE 229.333.7410 • FAX 229.245.3849 • WEB www.valdosta.edu/studyabroad/ RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, COVENANT NOT TO SUE, AND STATEMENT OF RESPONSIBILITY REGARDING STUDENT PARTICIPATION IN ACADEMIC PROGRAMS ABROAD (This is a release of legal rights. Please read carefully before signing.) I. ACKNOWLEDGMENT AND ASSUMPTION OF RISK AND DANGERS [name of student] hereby acknowledge my awareness that participation in the Academic Program entitled arranged through Valdosta State University's and offered by the Valdosta State University in on location in the country of from to

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may expose me to a risk of property damage and bodily or personal

Valdosta State University reserves the following rights and powers:

A. The right to cancel without penalty the offering and conduct of the Academic Program;

B. The right to withdraw any part of the field trips and to make any alterations, deletionsor modifications in the itinerary and/oracademicprogram as deemed necessary by the University or by the program directors and/or course instructors as agents of the University;

C. The right to assign and make changes to housing during the Academic Program, as deemed necessary by the University or by the program directors and/or course instructors as agents of the University;

D. The right to set the starting and ending dates and times of the Academic Program and related academic events; and

E. The right to set academic penalties for failure to attendclasses excursions, visits, and other academically related events.

## VII. TRAVEL AND ACCOMMODATION DISRUPTIONS

I acknowledgeand agreeto acceptall responsibilityfor 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. I acknowledge and understand hat the University and the Release assume to liability what so evefor any loss, damage destruction, theft or the like to my luggage or personal belongings and that I have retained adequate insurance or have sufficient funds to replace such belongings and will hold the University and the Release harmless there from.

I further acknowledge and understand that in the event I become detached rom the field trip group, fail to meeta departure bus, airplane, or train, or become sick or injured, I will bearall responsibility to seekout, contact, and reach the field trip group at its next available destination and that I shall bearall cost attendant o contact and reaching the field trip group at its next available destination.

I fully understandhat all .18 0 TdtgTd (to )Tj 1.087 0

(4) Disorderly conductor breachof the peacewhile abroador at any function sponsoredr supervisedby the University or any registered University organization is prohibited. (5) Pushing, striking, or physically assaultingany University studien), **Trabul** (1) **Statisticator** (2) **Statisticator** (3) **Statisticator** (4) **Statistica** 

\*Sexual HarassmenPursuantid Title Millio a 527d (in Rights Act of 1964 and fitter it of the Educational ensated and other verbal or physical conductor a sexual nature, when: Submissionto such conductis made either implicitly or explicitly a term or condition of an individual's employmentor statusin a course program or activity; Submissionor rejectivity of Star and other verbal or physical conductor of a sexual nature, when: Submission such conductis made either implicitly or explicitly a term or condition of an individual's employmentor statusin a course program or activity; Submissionor rejectivity of Star and Star

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## X. TRAVEL RISKS

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I understandhat, while ValdostaStateUniversity makes an evaluation of the potential risks of travel to certain areas the decision to participate in international study is ultimately my own. I hereby certify that I have viewed and will continue to monitor the Department of State's current information about my destination, including travel warnings and alerts, located at

http://travel.state.gov/travel/cis\_pa\_tw/cis\_pa\_tw\_1168.html tanad I have familiarized myself with the refund policies for my program.

I understand that during free timethin the period of the program and aftee period of the program I may elect to travel independently at my own expense. I agreeto inform supervising personnebf my travel plans and understand that neither the host institution, VSU, nor program staff are responsible for me while I am traveling independently during such free time.

## XI. GOVERNING LAWS; FORUM; SEVERABILITY

I agree that this Agreement shall be construed in accordance with the laws of the State of Georgia, which shall be the forum for any lawsuits filed under or incident to this Agreement or the Academic Program. The terms and provisions of this Agreement shall be severable; stranptainit a court of competent jurisdiction holds any term to be illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby. I further understand that acceptance of this signed agreement by the Board of Regents of the University System of Georgia shall not constitute a waiver, in who or in part, of sovereign immunity by said Board, its members, officers, agents, and employees.

I acknowledge and representin signing this Agreement that I have