

Acknowledgment of Risks and Release

Hofstra University Study Abroad Programs

Name: _____

Date of Birth: _____

Student Identification Number: _____

Hofstra University offers its students the opportunity to participate in _____ (program description, location, dates, etc.) (“Program”). Certain potential risks to personal health and safety are associated with travel to and residence in a foreign country. You should not participate in this Program unless you are willing to accept the associated risks. Hofstra University (“University”) cannot guarantee the health and safety of participants in this Program or eliminate all risks.

Please read, sign and return this form before participation in the Program. Students who fail to return this form will not be allowed to participate.

- I understand that there are certain risks associated with travel to and residence in a foreign country and that the University, its agents and employees cannot control these risks.
- I understand that these risks may include, but not be limited to, exposure to potentially serious health and safety hazards such as: transportation accidents, storms, floods, earthquakes, and other natural disasters and weather conditions, infectious diseases, inadequate medical care, remote access to medical treatment, political unrest, armed insurrections and terrorist activities.
- I have received and understand the Program itinerary.
- I understand that the University does not represent or act as an agent for, is not responsible for and cannot control the acts or omission of any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods and services involved in the Program.
- I understand that the University is not in a position to guarantee my personal health or safety during my participation in the Program.
- I understand and hereby acknowledge that I assume all risks incurred by my participation in the Program.
- I understand that I am responsible for my medical or medication needs and further agree that if I become incapacitated, the University, through its agents and employees, may take whatever action is deemed necessary with respect to my health and safety. I authorize the University, its agents and employees, to place me, at their discretion and without my further consent, in a hospital or in the care

of a medical professional for medical services and treatment. I understand that I am required to have an insurance policy that covers risks associated with travel abroad, such as medical evacuation and repatriation, during the period of the Program and I take full responsibility for knowledge of limitations of my insurance coverage pertaining to travel abroad. I agree that I will be fully responsible for any and all expenses associated with or in any way related to my health and safety.

- I agree that the University is not responsible for my welfare during periods of independent travel or absence or separation from the Program.
- I understand that each foreign country has its own laws and standards of acceptable conduct including dress, manners, morals, politics and behavior. I will become informed of and will abide by all such laws and standards of behavior.
- I understand and agree to comply with the University's rules, standards and instructions for behavior. I understand that the University and its agents and employees have the right to enforce standards of conduct and may at any time terminate my participation in the Program for failure to maintain these standards or for any conduct which the University or its agents consider to be incompatible with the interest and welfare of the other students or host institution. If my participation in the program is terminated, I agree that I will return home at my own expense and acknowledge that I will not receive any refund of Program fees and expenses. I further understand that if I am terminated from one study abroad program, I may not participate in future study abroad programs unless the Provost specifically permits me to do so.
- I understand that should I encounter any personal legal problems, the University is not responsible for providing any assistance in such circumstances.
- In consideration of being allowed to participate in the Program, I hereby release the University, its trustees, officers, agents and employees from any and all losses to person or property, claims, damages, demands, and actions arising out of or in any way connected with the Program and my participation therein, including, but not limited to, the risks as outlined above.

I have read the foregoing before affixing my signature below, and warrant that I fully understand the contents thereof.

Signature of Student

Date

If student is under the age of 18, parental consent is required.

The undersigned parent or legal guardian of the above named student, hereby consents to the participation of the student in the Program and acknowledges understanding and agreement with the foregoing statements.

Signature of Parent/Legal Guardian

Date

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