



OFF-CAMPUS FOREIGN TRAVEL ASSUMPTION OF RISK AND RELEASE FORM

IT IS YOUR RESPONSIBILITY TO READ AND UNDERSTAND THIS FORM BEFORE SIGNING

(If you are under 18 years of age, a parent or legal guardian must also read and sign this form)

Applicant's Name _____ Date of Birth _____

Destination _____ Dates of Travel _____

I hereby agree, as follows:

1. **Risks of participation:** I understand that this endeavor ("Program") involves risks in traveling to, within, and/or returning from foreign countries, including, but not limited to, political, legal, social, and economic conditions; different standards of design, safety, and maintenance of buildings, public places, and conveyances; and local medical and weather conditions. I have made my own investigation, have obtained materials from a variety of sources, and am willing to accept these risks.
2. **Institutional Arrangements:** I understand that MVNU does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, transportation carrier, host family, hotel, tour organizer/leader, or other provider of goods or services involved in the Program. I understand that MVNU is not responsible for matters beyond its control. I hereby release MVNU from any injury, loss, damage, accident, delay, or expense arising out of any such matters.
3. **Independent Activity:** I understand that MVNU is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any MVNU-sponsored activities.
4. **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.
 - B. I am aware of all personal medical needs. I have arranged, through insurance or otherwise, to meet all needs for payment of medical costs while I participate in the Program. I recognize that MVNU is not obligated to attend to any of my medical needs, and I assume all risk and responsibility therefore. If I require medical treatment in a foreign country or the United States, MVNU is not responsible for the costs or quality of such treatment.
 - C. MVNU may, but is not obligated to, take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all related expenses and release MVNU from any liability for any actions.
5. **Standards for Conduct:**
 - A. I understand that each foreign country has its own standards of conduct, including dress codes, manners, morals, politics, drug use, and other types of behaviors. I recognize that conduct which violates these standards could harm MVNU relations with those countries and the institutions therein, as well as jeopardize my own health and safety. I will become informed of and abide by all such standards for each country to or through which I will travel during the Program.

- B. I will comply with MVNU rules, standards, and instructions for student behavior. I waive and release all claims against MVNU that arise at a time when I am not under the direct supervision of MVNU or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.
- C. I agree that MVNU has the right to enforce the rules, standards, and instructions described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the Program, for any violations or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of MVNU, the Program, or other participants. I recognize that due to the circumstances of foreign travel, procedures applicable to student disciplinary proceedings at MVNU do not apply. If I am expelled, I consent to being sent home at my own expense with no refund of fees.
- D. I will attend to any legal problems I encounter with any foreign nationals or government. MVNU is not responsible for providing any assistance under such circumstances.

6. **Program Changes:** I understand that MVNU has the right to make changes, cancellations, or substitutions, in case of emergency, changed conditions, or in the interest of the Program. I also understand that MVNU fees and program charges are based on current fares, lodging rates, and travel costs, all of which are subject to change. If I leave or am expelled from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation other services; sickness; weather; strikes; or other unforeseen causes. If I become detached from the Program group; fail to meet a departure bus, airplane, or train; or become sick or injured, I will at my own expense seek out, contact, and rejoin the Program group at its next available destination.

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 representative(s), to assume all the risks and responsibilities related to my participation in the Program. To the extent permitted by law, I release and indemnify MVNU and its officers, employees, and agents from and against any present or future claim, loss, or liability for injury to person or property that I may suffer or for which I may be liable to any other person, during my participation in the Program (including periods in transit to or from any country where the Program is being conducted).

I have carefully read this document. No representations, statements, or inducements, oral or written, apart from the statements contained herein, have been made. This agreement shall become effective only upon receipt of my application and deposit by MVNU and shall be governed by the laws of the state of Ohio, which shall be the forum for any lawsuits filed under or incident to this agreement or the Program.

Signature of Applicant _____
Date

I am the parent or legal guardian of the above Applicant. I have read this document in its entirety and accept legal responsibility for the obligations and acts of the Applicant as described above, and agree to be bound by its terms.

Signature of Parent or Legal Guardian (if required) _____
Date