

Release & Waiver of Liability for Participation in International Activity



Instructions: Please complete, sign and return to Tulane University Payson Center's Office, 6823 St. Charles Avenue, 300 Hebert Hall, New Orleans, Louisiana 70118 tel: 504.865.5240 fax 504.865.5241.

If Participant is under 21 years of age, a parent or legal guardian also must read and sign this form.

Participant Name (Last, First): _____

Date of Birth: _____ Phone Number: (____) _____

Department Name: _____ Travel Dates:
From _____ To _____

Description of planned International Activity (include country(ies)): _____

Attach additional sheets as necessary

I am a graduate student at Tulane University ("Tulane") and hereby acknowledge, agree and represent the following:

1. The Participant is qualified for and desires to participate in the above referenced International Activity. It is acknowledged that Participant is not required by Tulane to participate such International Activity and that such participation is wholly voluntary.
2. The Undersigned understands and agrees that he/she has reviewed the United States Department of State Travel Warning list to confirm that if a warning exists for intended foreign student destination(s). If a warning exists, approval from Tulane's Provost's Office must be obtained by the student before foreign travel occurs.
3. The Undersigned understands and agrees there are hazards and risks inherent in the planned International Activity, including but not limited to: foreign political, social and economic conditions which are different than the United States and which can change in an unpredictable and potentially dangerous manner; acts of God; force majeure; quarantine; civil unrest; public health risks; criminal activity; terrorism; different standards of design, safety and maintenance of buildings, public spaces and transportation, varying quality of available medical treatment and differing health, safety, legal, cultural and religious beliefs and conditions all of which could cause serious personal injury or loss of life to Participant and or loss or damage to property. The Undersigned agrees to assume all risk for any such personal injury, loss of life to Participant or property loss or damage.
4. The Undersigned assures Tulane that, during the dates of International Activity, the Participant is covered by appropriate health, illness, hospitalization and accident insurance providing coverage for medical treatment outside the United States, medical evacuation and repatriation. The Undersigned acknowledges Tulane does not have medical personnel available at the location of the academic program, during transportation or anywhere in the

foreign country being visited and is not responsible for any medical expenses Participant may incur while abroad. Tulane may take any action it considers to be warranted under the circumstances regarding Participant's health and safety. Undersigned agree to release Tulane from any liability in connection with such action.

5. Participant's baggage and personal property are transported outside the U.S. at his/her risk entirely.
6. The Undersigned, individually, and on behalf of their heirs, successors, assigns, and personal representatives, hereby agree to release, acquit and forever discharge Tulane, its officers, directors, employees, representatives, and agents, from any and all liability, loss, or expense, including attorneys fees, for any injury, damage, claim, cause of action of any nature arising out of or related in any way to Participant's participation in the above International Activity and travel related thereto.
7. The Undersigned authorizes release of medical records held by the Tulane Health Service or any hospital, clinic, or doctor to the designated representative of Tulane should a medical necessity arise. I, the participant, hereby authorize the designated representative of Tulane University and/or resident associate director, at her or his discretion, to notify and make full disclosure to my parent or guardian in the event of an emergency. On rare occasions, emergency requiring hospitalization and/or surgery develops. In order to prevent a dangerous delay in case of a medical emergency, the signature found below of the parent/guardian authorizes the designated representative of Tulane University and/or resident director to secure whatever treatment is deemed necessary for the student participant, including the administration of an anesthetic surgery.
8. The Undersigned agrees this Release and Waiver will be governed by and construed in accordance with the laws of the state of Louisiana. If any portion of this Release and Waiver is held invalid, the balance hereof shall continue in full legal force and effect. The Undersigned acknowledge they have read this document carefully and are fully informed of its content. The undersigned further acknowledge this document is a release of legal rights and that they sign it knowingly and voluntarily.

Acknowledgement by Participant:

I, _____ have read the Release & Waiver of Liability for Participation in International Activity and fully understand each of the terms contained therein. I execute this agreement voluntarily and with full knowledge of its significance.

Participant's Signature

Date

Acknowledgement by Parent/Guardian:

I certify I am the parent or legal guardian of _____ and that she/he is participating in the above International Activity with my full knowledge and consent. I have read the Release & Waiver of Liability for Participation in International Activity and understand and agree with its content.

Signature of Parent or Guardian

Date