STUDENT WAIVER, GUSTAVUS ADOLPHUS COLLEGE OFF-CAMPUS PROGRAM

This is a release - - Read it carefully.

The undersigned, being a student of Gustavus Adolphus College, and applying for participation in _______________________ (study abroad program) program of Gustavus Adolphus College, and having the opportunity to gain certain academic credit through participation in such program, hereby forever releases Gustavus Adolphus College and each of them, and any officer, employee, director, or agent thereof, of and from any and all liability for any act or omission of any kind or character whatsoever and releases them from any costs, damages, and claims or assertions of any kind with respect to which I or my heirs, successors, or assigns may claim against them and specifically, without limitation, agree as follows:

1. **SUBMISSION TO PROGRAM RULES AND REGULATIONS:** The program director has the authority to establish rules necessary for the operation of the program and, should the director decide that a student must be separated from the program because of violation of such rules, for disruptive behavior, or for conduct which could bring the program into disrepute, that decision will be final.

2. **LIABILITY FOR TUITION/NON-REFUNDABLE:** Program tuition covers educational costs of the program such as staff salaries. Because these costs are fixed, no tuition refunds will be possible once participation in the program has begun – either the first day of class or, in the case of overseas programs, the date of the group departure, if any, from the United States.

3. **LIABILITY FOR ACTS OF OTHERS:** I release Gustavus Adolphus College, any member college, any employee, servant, agent, directors thereof, from any liability for injury to myself or any damage to or loss of my possessions caused by act or omissions of any hotels, carriers, fellow students, restaurants, educational organizations, persons, groups or organizations, including but not limited to, Gustavus Adolphus College, its officers, employees, directors, agents, or servants in connection with the work or study hereunder.

4. **ASSUMPTION OF ALL RISK:** I assume any and all risk involved in this activity and agree to indemnify and hold harmless Gustavus Adolphus College, its officers, employees, directors, or agents accordingly.

I have read the foregoing release and agreement and I accept the conditions stated therein.

________________________________________
Date

________________________________________   __________________________
Signature of Student                                     Printed Name
PARENT WAIVER, GUSTAVUS ADOLPHUS COLLEGE OFF-CAMPUS PROGRAMS

This is a release - - read it carefully.

The undersigned, being the parent or guardian of ____________________________, a student at Gustavus Adolphus College, who has sought and received my permission to participate in the ______________________ (study abroad program) program of Gustavus Adolphus College, which I understand will necessitate the travel of my child from ___________________________ (city/country) to ________________________ (city/country) to participate in such program, do hereby release and forever discharge Gustavus Adolphus College and each officer, director, employee, trustee, servant, or agent of either of them of and from any liability to me or my heirs, successors, or assigns with respect to any act or omission of any of them in any respect to the participation of my child in the program described above.

I further agree that I will indemnify, defend, and hold harmless Gustavus Adolphus College, ______________________ (study abroad program), their staffs, employees, servants, representatives, trustees, and agents from any claims of any nature made by my child or by me on behalf of my child which may arise in any way or in any way related to any activity of _____________________________ (student’s name) in participation of the above described program.

I have read and understand the terms and conditions of this indemnification and release and I agree and subscribe them. My signature below also signifies that my son/daughter has sufficient health, accident, disability, and hospitalization insurance to cover him/her during participation in the program and I expect and recognize that none of the fee paid for this program goes toward the payment of such insurance and the Gustavus Adolphus College does not have an obligation to provide me with such insurance.

I further state that I have read the terms of the release and agreement attached hereto (over), that has been signed by ________________________, my child or ward, with my permission, and I agree to be bound by the same terms and conditions as if I myself had signed it.

____________________________
Date

____________________________
Signature of Parent or Guardian

____________________________
Printed Name

[Please return this form with the application form. Thank you very much for you cooperation.]