

LIABILITY WAIVER



Updated September 2006

(Name of the school)

(Today's date)

(Countries included in the itinerary)

(Dates of trip)

(Name of the group leader)

I, _____, hereby accept placement in the above mentioned School trip program and further agree as follows:

Agreement of Participation

I will be representing the School as well as my country. I will conduct myself in strict accordance with the School's Student Conduct Policy, the content of which I have read and understood.

I will follow the laws of the countries I will visit and will act as a goodwill ambassador. I recognize that each country has its own culture and I will demonstrate respect for these differences. I recognize that I will be exposed to a steady stream of new situations and experiences. I will take reasonable care of others and myself during the Trip and will not take any unreasonable risks that might endanger my, or another's, health or life.

I will advise the School immediately if I am unable to attend, or to continue to attend any part of the Trip.

Assumption of Risks

I understand I will be in unfamiliar surroundings and will be exposed to possible risks to my person and possessions. I understand that the Trip involves the use of facilities and services provided by third parties and which are out of the control of the School. I freely and voluntarily accept and assume all such risks, dangers and hazards and understand that the School, despite its efforts, may not be able to ensure my complete safety at all times.

Assumption of Responsibility

I am medically fit and do not suffer any disabilities or physical limitations, other than those disclosed on the program application. I will take responsibility for obtaining any special vaccinations or preventative medications currently recommended or required by my physician. I will take only those medicines, drugs or cures that I am medically permitted to take to maintain my good health and which have been lawfully prescribed for me.

My acceptance into the Trip may be revoked by the School at any time. I acknowledge that any monies paid to the School in respect to my participation in the program may be withheld or recovered by the School should I withdraw or be requested to leave the program.

Liability Waiver

I release and hold harmless the School, its employees, students and agents from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in this Trip, including but not limited to, accidents, acts of God, war, civil unrest, sickness, transportation, scheduling, government restrictions or regulations, and any and all expenses I may incur while participating in the Trip. I understand this agreement cannot be modified except in writing by the School and that no oral modification or interpretation shall be valid.

I have read this document carefully and I acknowledge my responsibilities and the effect of this liability waiver. I am 19 years of age or older.

Name - Please Print

Signature of Participant

Address

Telephone Number

If the above-named person is not of legal age (18 years), the following must also be completed.

I, _____, parent/guardian of _____ hereby, on behalf of

Name - Please Print

Participant - Please Print

the Minor agree to the terms of this Liability Waiver.

(Signature of Parent / Legal Guardian)

SIGNED and WITNESSED ON BEHALF OF THE SCHOOL BY _____

(Signature)

TRAVEL YOUR WAY!