

**AMERICAN UNIVERSITY
ALTERNATIVE BREAK TRAVEL PROGRAM
CONSENT AND RELEASE FORM**

NAME (*type/print*): _____ AU ID NUMBER: _____

TRAVEL LOCATION: _____

TRAVEL PROGRAM DATES: _____

The following Consent and Release Form is designed to protect American University (“University”), as well as all participants, members, agencies, and individuals cooperating with American University’s Alternative Break Program. In order to participate, you and a parent or legal guardian of any participant under the age of eighteen (18) years, must sign and return this form indicating your agreement to the conditions herein set forth. Confirmation of your participation as well as travel and housing arrangements will not be made without this signature.

In signing this Release, I agree and/or represent that **(Please check each box):**

1. Assumption of Risk & General Release

I understand that participation in the Alternative Break Program (“Program”) is entirely voluntary and that any program of travel involves some element of risk. These include, but are not limited to, risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of the buildings, public places and conveyances; local medical and weather conditions; and other matters described in the Mandatory Pre-departure Meetings and/or Welcome Packet which I have received and reviewed, and which is incorporated by reference in this Release Form. These risks are substantial and include without limitation risk of death or serious bodily injury. I have been fully informed by the University of the Program’s itinerary, which is subject to change without notice, and understand that many of the activities included in the Program are physically challenging. I have made my own investigation and knowing these risks agree to assume all the risks and responsibilities surrounding my participation in the Program.

I agree that in consideration of American University’s sponsoring this activity and permitting me to participate, I, my parents, guardians, or legal representatives will not hold American University, its trustees, officers, employees, or agents liable in damages for any injury, death, or loss to person or property sustained by me while participating in or arising out of any travel or activity conducted by or under the auspices of the Program.

2. Free Time During the Program

I also understand that the University is not responsible for any injury or loss that I may suffer during my free time within the Program. I shall be solely responsible for any such injury or loss that I may suffer during any free time.

3. Standards of Conduct

I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, alcohol & drug use and behavior. I recognize that behavior which violates those laws or standards could harm the University’s relations with those countries and the institutions therein, as well as my own health and safety. I will become

informed of, and will abide by, all such laws and standards of each country to or through which I will travel during the Program.

I also will comply with the University's rules, standards and instructions for student behavior including but not limited to the University's Code of Conduct as provided to me in American University's current Student Handbook and available at http://www.american.edu/handbook/policies_guidelines.htm. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision of the University or that are caused by my failure to comply with such rules, standards, and instructions.

I will not possess or use alcohol or other controlled substances while participating in the Program. I understand that the use of alcohol or controlled substances may result in my dismissal from the Program, with costs to return home at my own expense.

I will attend to any legal problems I encounter with any foreign nationals or government of the host country. The University is not responsible for providing any assistance under such circumstances.

4. Travel Program Changes or Termination

I understand and agree that my Alternative Break payments are non-refundable.

I understand that the University reserves the right to make cancellations, changes, or substitutions in cases of emergencies or changed conditions or in the interest of the group. Should the University cancel the Program, due to circumstances beyond the University's control including but not limited to political, natural, technological, or other catastrophe beyond its control in which case the University will be able to refund only uncommitted and/or recoverable funds. I understand that any refunds made for programs where payment is made to the University will be in accordance with published University policies for the academic year in which the Program occurs, unless otherwise stated.

5. Insurance Coverage

I represent that I am covered by appropriate accident and medical insurance and that I am financially responsible for such expenses. I agree that I will not operate any motor vehicle while in any foreign country. I understand that the University recommends that students insure their personal property from loss or theft.

6. Fitness to Participate and Emergency Medical Treatment

I have consulted with a medical doctor with regard to my personal medical needs. I represent to the University that there are no health-related reasons or other problems of which I am aware that preclude or restrict me from participating in this Program.

I understand that I am responsible for any immunizations required for international travel and will contact my medical doctor prior to the trip.

I understand that while I am overseas, an emergency may develop which necessitates medical care, hospitalization, or surgery. Wherever possible, a Program Representative or agent will contact my parents or guardians prior to such treatment. However, this may not be practical depending upon the nature of the emergency. Therefore, I authorize the University through its authorized Program Representative or agent to secure any necessary emergency medical treatment including the administration of an anesthesia and surgery. I understand that such

treatment shall be solely at my expense and I agree to reimburse the University for any expense that might incur on account of my injury or treatment.

7. Voluntary or Involuntary Withdrawal or Dismissal

I agree that the University has the right to enforce the standards of conduct described above, University regulations, Program guidelines, and laws of the host countries. In the event of violation of any of the above, or behavior which is detrimental to me, to other students or to the Program, the University shall have the right to dismiss me from the Program. The decision is final and may result in the loss of academic credit and paid fees for the Program.

I agree to pay for all costs arising out of my voluntary or involuntary withdrawal from the Program prior to its completion for whatever reason, including withdrawal caused by illness or disciplinary action as set forth above. I agree that I, including my parents, guardians, spouse, or legal representatives, shall not hold the University, its trustees, officers, or agents responsible for any costs or losses resulting from such events.

I have carefully read this Release and understand the above provisions and agree to be bound by them as indicated by my signature below.

Signature: _____

Date: _____,

If participant is under the age of eighteen (18), the signature of a parent or legal guardian is required:

Legal Guardian's Name (Print)

Legal Guardian's Signature Date