Fairleigh Dickinson University
Study Abroad Assumption of Risk and Release Form for Guests

Name of Participating Guest:_____________________________________________________

Description of International Field Trip:____________________________________________

Course Number and Name:________________________________________________________

Faculty Trip Leader:_____________________________________________________________

Destination(s):________________________________________________________________

Date(s):_______________________________________________________________________

I have chosen voluntarily to participate in the study abroad trip described above (the “Trip”).
(“Trip” is understood to include all activities at destinations, and all travel to and from such
destinations.) This agreement confirms my understanding of the following.

1. **Risks of International Travel; U.S. State Department Warning:** I understand that participation in
the Trip and international travel involves risks. These include without limitation risks involved
in traveling to, from, and within international locations; foreign political, legal, medical, social
and economic conditions; different standards of design, safety and maintenance of buildings,
public places and conveyances; and local weather conditions. The country or countries to which
I will travel may have health and safety standards that differ from those enjoyed in the United
States, and I recognize that I may be subjected to potential risks, illnesses, injuries and even
death. I have made my own investigation of these risks, understand these risks and assume them
knowingly and willingly. INITIAL HERE______

I also acknowledge that in working, living and traveling in cities abroad, I may experience
problems associated with urban living, including increased crime, pollution, high population
density or standards of living and health standards that are different from those to which I am
accustomed in the United States. I acknowledge that it is my responsibility to take every
precaution to safeguard my health and to protect my personal belongings from damage or theft. I
acknowledge that FDU recommends that I never travel alone, particularly at night. Being alone,
especially at night, may present additional danger to my safety and well being. INITIAL
HERE______

I understand that, although FDU has organized the Trip, it cannot eliminate all risks or guarantee
my safety while I am abroad. I have read and understood all information on the U.S. State
Department website (http://travel.state.gov) about the country or countries to which I am
traveling, including, without limitation, the U.S. Department of State Consular Information Sheet
and the State Department Warning (if applicable). I also have reviewed the U.S. Centers for
Disease Control health advisory information relating to travel abroad found at http://www.cdc.gov/travel, and any additional information available from the World Health Organization website (http://www.who.int/). With knowledge of this information, I have made the independent judgment to participate in the Trip. INITIAL HERE_______

2. Health Insurance; Medical Care; Health and Safety Concerns: I understand that I am responsible for obtaining any recommended immunizations before traveling to my destination. I carry valid and current medical insurance and have a valid insurance identity card to bring. I have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while participating in the Trip. I will be solely responsible for payment in full of all costs of medical care I may receive overseas. INITIAL HERE_______

I am also aware that, during my participation in the Trip, I will be automatically enrolled in the AIG Assist Travel Assistance Services, which offers medical information and evacuation, emergency assistance including translation services, legal referrals, and general travel advice and is a supplement to, not a substitute for, health insurance. I have reviewed the information about AIG Assist. INITIAL HERE_______

I authorize FDU to obtain appropriate health care for me in the event that I need it but am unable to obtain it for myself. I further agree to hold harmless and indemnify FDU for any and all actions taken by FDU to provide necessary emergency medical care to me during the Trip. I also understand and agree that if I experience serious health problems, suffer an injury, or am otherwise in a situation that raises significant health and safety concerns, then FDU may contact the person whose name I have provided as my “emergency contact.” I understand that FDU ordinarily will not initiate such contact without first having a discussion with me. INITIAL HERE_______

3. Standards of Conduct: I recognize that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations; with any Trip-specific materials); with the policies of my host institution (if any); and with any instructions given by the Trip leaders. I promise to act responsibly and will become informed of, and will abide by, all such laws, regulations, policies and standards. I understand that I am accompanying the Trip as a guest, not as a representative of FDU. INITIAL HERE_______

4. Travel Arrangement: I understand that FDU does not represent or act as an agent for, and cannot control the acts or omissions of, any host family, employer, transportation carrier, hotel, tour organizer or other provider of food, goods or services involved in the Trip. I understand that FDU is not responsible for matters that are beyond its control, and that it cannot warrant the safety or convenience of the circumstances under which I will be living or working. INITIAL HERE_______

5. Costs: I have been provided with an itinerary in advance and a list of anticipated costs. I understand that I am responsible for all costs associated with the Trip, including transportation, food and beverage, and admissions. INITIAL HERE_______

6. General Release: Knowing the risks described above, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Trip. To the maximum extent permitted by law, I release, hold harmless and
agree to indemnify FDU, and its officers, directors, faculty, staff, representatives, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, related to my participation in the Trip (including periods in transit to or from my destination), resulting from any cause, including but not limited to ordinary or gross negligence. INITIAL HERE_____

I certify that I am 18 or older. I have carefully read and freely signed this Assumption of Risk and General Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the State of New Jersey, which shall be the forum for any lawsuits filed under or incident to this agreement or the Trip.

This is a Release of Legal Rights – Read and Understand Before Signing

Signed:_________________________________________ Date:________________

Guest Name (print):____________________________________________________________