

**LAKELAND COMMUNITY COLLEGE
VOLUNTARY ASSUMPTION OF RISK AND RELEASE OF LIABILITY
FOR INTERNATIONAL TRAVEL**

CAUTION: THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND IT BEFORE SIGNING.

Lakeland Community College is a non-profit educational institution. References to Lakeland Community College will henceforth be referred to as “College”. Lakeland Community College, its officers, officials, employees, volunteers, students, agents, and assigns.

I (print your name) _____, freely choose to participate in the _____ (henceforth referred to as the Program).

In consideration of my voluntary participation in this Program, I agree as follows:

RISKS OF TRAVEL/STUDY/WORK ABROAD: I understand that my participation in the College Program specified above involves risk not found in activities at College or within Lakeland. These risks include traveling to and within and returning from one or more foreign countries; foreign, political, legal, social, transportation, health and economic conditions; different standards or design, safety, and maintenance of buildings, public places, and conveyances; local medical facilities and providers; and local weather conditions.

INSTITUTIONAL ARRANGEMENTS: I understand that the College is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel, or other goods or services associated with the Program. I understand that College is providing these services only as a convenience to participants and that accordingly, College accepts no responsibility, in whole or in part, for delays, loss, damage or injury to persons or property whatsoever, caused to me or others prior to departure, while traveling or while staying in designated lodging. I further understand that College is not responsible for matters that are beyond its control. I acknowledge that College reserves the right to cancel the trip without penalty or to make any modifications to the itinerary and or academic program as deemed necessary by College.

INDEPENDENT ACTIVITY: I understand that College is not responsible for any loss or damage I may suffer when I am traveling independently or I am otherwise separated or absent from any College activity. In addition, I understand that any travel that I do independently on my own before or after the College sponsored Program is entirely at my own expense and risk.

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict participation in this Program. I have obtained the required immunizations, if any.

I understand that I may be required to pay up front for my medical expenses that I incur while traveling in the host country. Further, I understand that I am responsible to submit any medical receipts to my insurance carrier upon my return. I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency

occurring during my participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release College from any liability for any actions.

STANDARDS OF CONDUCT: I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior that violates those laws or standards could harm College’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 for each country to or through which I will travel during the Program. I am aware that if my behavior becomes disruptive or if I partake in any illegal activities during the Program, I will be dismissed from the Program. I realize that any violation of the foregoing or any disciplinary disturbances may constitute grounds for my expulsion from College and referral of any violations to the Dean of Student Affairs.

I will attend to and assume responsibility for any legal issues or problems I encounter with any foreign nationals or government of the host country. College is not responsible for providing any assistance under such circumstances.

TRAVEL CHANGES: If I become separated from the Program group, fail to meet a departure airplane, bus, or train, or become sick or injured, I will, to a reasonable extent, and at my own expense seek out, contact, and reach the Program group at its next available destination.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Ohio which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant Date

Signature of Parent or Legal Guardian Date
(if student is a minor)