

Consent & Release

Agreement

The following agreement is designed to protect all participants in American University's study abroad program, known as The Chile Summer Program, including students, faculty members, American University, and the agencies and individuals cooperating with the University. You, as the student, must sign this form to indicate agreement with provisions and permission to participate.

Name of Program: Nineteenth Annual Summer Law Program in Chile
Semester: Summer 2008

1. General Release: I understand that participation in the Chile Summer Program is entirely voluntary and that any program travel involves some element of risk including travel to, from, and within Chile.

I agree that, in partial consideration of American University sponsoring the Chile Summer Program and permitting the student to participate, I (including my parents, guardians, and legal representatives) shall not attempt to hold American University, its trustees, officers, employees, faculty, agents, and co-sponsoring institutions and their agent(s) liable 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 American University's ("the University") Chile Summer Program ("Program").

I am fully aware that this release includes the ski weekend. I am also fully aware that skiing is an extremely dangerous sport. I hereby acknowledge that I have been informed by the Program that participation in the skiing weekend is an absolutely optional activity, that the Program will provide lodging in Santiago, Chile if I choose not to participate, and that the Program is not liable for any injury, death, or loss to person or property I might suffer as a result of my voluntary decision to participate in the ski weekend.

I am fully aware that this release includes also all of my travel arrangements. I have been informed that they are my sole responsibility. The University, its trustees, officers, employees, faculty, agents, and co-sponsoring institutions and their agent(s) are not liable in any way for any type of injury, death, or loss that I might suffer as a result of those arrangements.

I also understand that I am fully responsible for any travel, hotel, and subsistence expenses incurred before and/or after the official dates of the program.

2. Program Changes or Termination: I understand that the University reserves the right to make cancellations, changes, or substitutions in cases of emergency or changed conditions in the interest of the group. Should the University cancel the Program, full refunds of tuition and program fees will be made unless the cancellation is due to circumstances beyond the control of the University in which case the University will be able to refund only uncommitted and/or recoverable funds.

I understand that any refunds made for the Program 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.

3. Insurance Coverage: Some accident and health insurance is provided by the summer program. However, I understand that it may be necessary for me to cover medical expenses abroad and then apply for reimbursement from the insurance plan afterwards. In such a case, I will be solely responsible for preparing and submitting the claim for reimbursement.

The University requires students planning to operate a motor vehicle overseas to obtain liability and collision insurance that will cover them in the applicable foreign countries. The University recommends that students insure their personal property from loss or theft.

4. Medical Treatment: I understand that while I am overseas an emergency may develop which necessitates medical care, hospitalization, or surgery. Whenever possible, a Program representative or agent will contact the person that I have designated below prior to such treatment. However, this

may not be practical depending upon the nature of the emergency. Therefore, I authorize the University, through any of the faculty members participating in the Program, 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 expenses which it may incur on account of my injury or treatment.

I further agree that I (including my parents, guardians, or legal representatives) shall not attempt to hold the University, its trustees, officers, employees, faculty, agents, and co-sponsoring institutions and their agent(s), liable for any injury or death sustained by me in connection with any medical care, hospitalization, or surgery I undergo while participating in the Chile Summer Program.

5. Voluntary or Involuntary Withdrawal or Dismissal: I understand that all students are subject to University regulations, Program guidelines, and laws of the host country. In the event of violation of these guidelines, academic failure, or behavior which is detrimental to other students or the Program, the Director of the Program shall have the right to dismiss me from the Program. The Director's decision will be final and may result in the loss of academic credit and Program fees.

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, and legal representatives) shall not assert claims for or hold the University, its trustees, officers, employees, faculty, agents, and co-sponsoring institutions and their agent(s) responsible for any costs or losses resulting from said events.

6. Pledge: I agree to comply fully with the rules of the University and its agents, its host institutions and/or any travel facilities. I agree that the University has the right to enforce its standards of conduct and that should I fail to comply with them, the University has the right to terminate my participation in the trip with no refund of monies paid. I further agree that the policies of the University and the host institution, if any, may be applied to me as a participant and that the University shall have the right to exercise the policies of the University or the host institution at any time.

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

Printed Student Name

Student Signature

Date

Social Security Number

Send application, deposit, and consent and release form to:

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