

demands, rights, causes of action for personal illness, injuries or death, or any damage to or loss of personal property which may occur en route to, during, from or as a result of my participation in the Project.

I have carefully read this Assumption of Risk and Waiver of Liability before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.

Signature

Date

Emergency Contacts

Name: _____

Relationship to you: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone Number: _____ Evening Telephone Number: _____

Fax Number: _____ Email Address: _____

Name: _____

Relationship to you: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone Number: _____ Evening Telephone Number: _____

Fax Number: _____ Email Address: _____

[Print Form](#)

**ASSUMPTION OF RISK AND WAIVER OF LIABILITY
AMERICAN UNIVERSITY**

THIS IS A RELEASE OF LEGAL RIGHTS - READ AND UNDERSTAND BEFORE SIGNING.

Name: _____ ("Participant" or "I")

Address: _____

City: _____ State: _____ Zip Code: _____

Project Description:

As a condition of participation, I hereby acknowledge and agree as follows:

1. **Assumption of Risks.** I acknowledge that the decision to participate in this Project is entirely my own choice, voluntary, and not a condition of my employment or status at the University. I understand that participation in the Project involves risks not normally found in employment at the University. I understand that I will travel to _____, a country that has recently experienced terrorist attacks and civil unrest.

I am aware that no special security personnel will be provided, and American University cannot guarantee my security. I am aware that the political circumstances during the time I will be in _____ may adversely affect transportation, medical care, and housing and the quality of food and water. The Project risks are substantial and include without limitation risk of death or serious bodily injury. I agree that it is my sole responsibility to investigate and evaluate for myself serious bodily injury. I agree that it is my sole responsibility to investigate and evaluate for myself the risks associated with this Project. By my participation, I am willing to accept these risks.

2. **Health and Safety.**

- A. I have consulted with a medical doctor regarding my personal medical needs. I certify that I am fit to participate in the Project and that there are no health-related reasons or problems, which preclude or restrict my participation in this Project.
- B. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Project.
- C. I agree to maintain a high level of vigilance and to take appropriate steps to increase my security awareness, including consulting with U.S. Department of State guidelines for security in _____. I agree to conduct myself in a safe and prudent manner at all times.

3. **Waiver of Liability.** Knowing the risks described above, I, on behalf of myself, my family, heirs, representatives, accept those risks and hereby release, discharge and agree to hold harmless American University, its trustees, officers, employees, agents, from any and all liability, claims,