

**AMERICAN UNIVERSITY**  
**CONSENT AND RELEASE AGREEMENT**

*Please fill out this form completely in black or blue pen.*

The following agreement is designed to protect American University ("University"), as well as all participants, faculty members, agencies, and individuals cooperating with American University Washington College of Law Externship Program ("Program). You, as the student (referred to as "I" in this agreement), must sign and return this indicating agreement to the conditions herein set forth. Confirmation of your participation will not be made without your signature.

**NAME OF PROGRAM:**     **Washington College of Law Externship Program**

**SEMESTER/YEAR:**

**PROGRAM DATES:**

**COUNTRY/CITY:**

As a participant in the Program, I am subject to the Code of Conduct as provided in American University's current Student Handbook. The information is available on the Internet at <http://www.american.edu/handbook/>. To receive a printed copy of the Student Handbook, I may request one from American University's Office of the Dean of Students.

As stated in the University's Code of Conduct, if a student violates the Code or if it is determined by the Program Representative or agent or the Director of the Program that a student has violated this code, disciplinary action will result.

Therefore, I understand that appropriate behavior, as outlined by the Student Handbook, is expected at all times. I further understand that my participation in the Program may be revoked immediately, should I violate any of the codes established by the Student Handbook.

**1. Assumption of Risk and General Release**

I understand that participation in the Program is entirely voluntary and that any program of travel involves some element of risk. I agree that in partial consideration of 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 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 University's Program. I am aware that, according to the country risk assessment report, the country in which I will be externing has been given a Security Rating of \_\_\_\_ , with 5 as the highest security risk and 1 as the lowest security risk, and I understand this risk.

I understand that my externship field placement will not be under the direct supervision of the Washington College of Law. I also understand that although I will receive academic credit for my participation in the Program, I am fully responsible for making my own choices about my travel arrangements, my field placement, and about daily living arrangements.

## **2. Program Changes or Termination**

I understand that the University reserves the right to make cancellations, changes, or substitutions in cases of emergencies or changed conditions. Should the University cancel the Program, refunds of tuition and program fees will be made unless the cancellation is due to political, natural, or other catastrophic conditions beyond its control in which case the University will be able to refund only uncommitted and/or recoverable funds.

## **3. Voluntary Withdrawal and Loss of Program Fees**

I agree to pay for all costs, including scholarship repayment, arising out of my early withdrawal, for whatever reason, from the Program. If I withdraw early, I will inform the Program immediately and in writing. 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. Further, I will assume responsibility for all costs incurred on my behalf prior to the Program's receipt of notification of withdrawal. Also, I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes or other unforeseen causes.

## **4. 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 any of the above, academic failure, or behavior which is detrimental to me, to other students or to the Program, the Director of the Program shall have the right to dismiss me from the Program. The Director's decision is final and may result in the loss of academic credit and paid fees for the Program. I recognize that due to the circumstances of foreign study programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at the University do not apply. I further understand that I may also be subject to Conduct Council charges for violations of University policies or code of conduct.

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, or agents responsible for any costs or losses resulting from said events.

## **5. Accident and Insurance Coverage**

I understand that the University requires that all students be covered by appropriate accident and medical insurance and that all students be financially responsible for such expenses. Further, I agree to provide the Program proof of medical insurance coverage. I also assure the University that there are no health-related reasons or problems of which I am aware that preclude or restrict me from participating in the Program.

## **6. Motor Vehicle and Personal Property Insurance Coverage**

I understand that the University requires students who plan to operate a motor vehicle to obtain liability and collision insurance that will cover them in the applicable locale and that the University is not responsible for accidents or injuries which occur as a result of a student's operation of a motor vehicle while attending a Program. I also understand that the University recommends that students insure their personal property from loss or theft and that the University is not responsible for loss or theft of personal property.

## **7. Medical Treatment**

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 Emergency Contacts prior to such treatment. However, this may not be practical depending upon the nature of the emergency. I understand that such treatment will be solely at my expense and I agree to reimburse the University for any expense that it might incur on account of my injury or treatment.

## **8. Emergency Contacts**

I confirm that the below Emergency Contact Information is accurate and that I will immediately update the information as necessary. In the event of an emergency or security situation overseas, I acknowledge that I have been advised to contact the nearest U.S. Consular Service for direct assistance. I will keep the Externship Program Office apprised of any emergency situation.

## **9. Legal Conflicts**

I acknowledge and understand that should I be arrested or come into legal conflicts with people not associated with the Program in the host country, I must attend to this matter personally and use my own funds to cover any costs of such problems. I understand that the University is not responsible for providing legal assistance in these circumstances. I understand and agree that I am liable for damages to my own person and property, as well as damages to other persons and their property, including any damage due to my abuse of alcoholic beverages, medicines, and/or illegal drugs. I recognize that I am personally liable for the legal and economic consequences of my actions and I have been so notified.

## **10. Governing Forum**

I further understand that this Agreement will be construed in accordance with the laws of the District of Columbia, which will be the forum of any lawsuits filed under or related to this Agreement or Program. The term and provisions of this Agreement will be severable, such that if a court of competent jurisdiction holds any term to be illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions will not be affected thereby.

## **11. Pledge**

I agree to comply fully with the rules of the University and its agents, its host institutions and/or any cooperating entity. 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 Program with no refund of monies paid. I further agree

that the policies of the University may be applied to me as a participant and that the University shall have the right to exercise the policies of the University at any time.

**12. Award of Credit**

I understand that only Pass/Fail credit will be reflected on my transcript in connection with the field placement taken through the Program.

**I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THEM AS INDICATED BY MY SIGNATURE BELOW.**

**Signed:** \_\_\_\_\_

**(Print Name:)** \_\_\_\_\_

**Soc. Sec #:** \_\_\_\_\_

**Student ID #** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please keep a copy for your records and return the signed original to the Externship Program Office, Washington College of Law, 4801 Massachusetts Ave., N.W., Washington, D.C. 20016. You will not receive academic credit for your field placement unless the Externship Office receives the signed copy of this agreement prior to your departure.**

**Emergency Contact Information**

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

(home)

(work)

(cell)

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Secondary Contact:**

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

(home)

(work)

(cell)

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_