

THE COLLEGE OF
WOOSTER

ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY

PROGRAM NAME: _____

PROGRAM LOCATION (CITY, COUNTRY): _____

Semester(s): Fall _____ Spring _____ Summer _____ / Year 20____

In consideration for the acceptance of _____ (student name) in the Program(s) named above, we [the student and the student's parent(s) or guardian] agree and confirm as follows:

1. We understand that The College of Wooster requires students studying off-campus to be covered by health and accident insurance which will provide coverage throughout the time period of the student's participation in activities connected with or collateral to the Program, including expressly activities overseas and all transportation to and from the location(s) of such activities. The College of Wooster requires that all students keep their primary insurance in addition to any supplemental travel insurance policies. The College of Wooster makes no representations or warranties regarding the adequacy or sufficiency of any insurance coverage, including but not limited to those listed herein.

Please initial **one**:

_____ The student plans to **study abroad** in one of the programs listed below, and will be covered by the insurance required by the program provider.

Associated Colleges of the Midwest (ACM)
Alliance for Global Education
Arcadia University College of Global Studies (Arcadia)
CET Academic Programs
Middlebury Schools Abroad
CIEE
College Year in Athens (CYA)

Danish Institute for Study Abroad (DIS)
Educators Abroad (Global Student Teaching)
IES Abroad
IFSA-Butler
SIT World Learning
Sweet Briar Junior Year in France

_____ The student plans to **study abroad** in a program **not run by** The College of Wooster and will purchase HTH Worldwide Insurance through The College (information will be distributed by OCS and fees applied directly to students' bill). This plan is required for all international off-campus study programs except if run by the organizations included in the list above.

_____ The student plans to **study abroad** in a program **run by** The College of Wooster and will purchase HTH Worldwide Insurance through The College (information will be distributed by OCS and fees applied to students' bill). This plan is required for all international off-campus study programs run by The College of Wooster.

_____ The student plans to participate in a **domestic** U.S. program and will be covered by The College of Wooster's Accident and Sickness Medical Plan.

_____ The student plans to participate in a **domestic** U.S. program and will be covered by our personal health and accident insurance plan.

Company: _____ Policy Number: _____

2. We agree that the Program may provide to the student, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services. We understand and agree that The College of Wooster assumes no responsibility for any injury or damages that might arise out of or in connection with such medical treatment. We further agree that any expenses resulting from the provision of such medical services are our responsibility.
3. We understand and acknowledge that there might be inherent health risks associated with living and studying off-campus and we agree that the student is personally responsible for obtaining all information regarding health, medical procedures, immunizations, and medications appropriate to the program of study.

Initial: _____

4. We recognize that the Program discourages students from operating motor vehicles while on off-campus programs and we recognize that The College of Wooster, its Board of Trustees, officers and employees assume no responsibility or liability of any kind for the student's operation of a motor vehicle on such programs.

The student:

_____ will not drive a motor vehicle of any kind while on the program;

_____ has permission of the student's parent(s) or guardian to drive a motor vehicle while on the program. The student's driving activities will be insured in all respects by the following insurance policy:

Company: _____

Policy Number: _____

5. We recognize that participation in the Program is voluntary, that The College of Wooster is not present during the student's participation in the Program, and that there are inherent risks and obligations that Program participants must assume. We recognize that The College of Wooster's endorsement of this Program signifies only its approval of the academic merits of the Program and that The College of Wooster may withdraw its endorsement if it becomes apparent that the Program cannot be carried out as planned. We further recognize that The College of Wooster makes no representation about the safety of particular sites or living arrangements, and students choosing to go on the Program are urged to evaluate the particular circumstances surrounding the program. We understand that The College of Wooster does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program,
6. We assume full responsibility for all financial and other legal obligations incurred by the student as a result of the student's participation in and actions during or collateral to the Program. We recognize that The College of Wooster assumes no liability or responsibility, and we hereby release The College of Wooster, its Board of Trustees, officers and employees from all liability or responsibility for any injury, damage, or loss caused to or by the student in connection with the student's participation in the Program, including but not limited to all activities and travel the student may undertake during and collateral to the Program. We certify that the above-mentioned student is fully responsible for participation in this program and therefore hold harmless The College of Wooster.
7. We understand that should the student change the Program of study or Program location from that listed above, the terms and conditions of this Acknowledgement of Risk and Release of Liability form still apply, and the student must inform the Off-Campus Studies office of the change.
8. (For international programs only. Please initial):
 _____ We recognize that the Program takes place in a foreign country. If the Department of State has issued formal travel advisories for the locale of the Program, we will give careful consideration to the dangers recognized by such an advisory.
9. (For international programs only) We acknowledge that the student will be required to obey and comply with all laws of any foreign countries that the student may visit, including but not limited to laws pertaining to alcoholic beverages, marijuana, and other illegal substances. The College of Wooster, its Board of Trustees, officers and employees does not assume any responsibility or liability of any kind for the student's commission of any illegal act.

We hereby certify that we voluntarily sign this release, have read all of its provisions, fully understand its significance, and affirm our agreement to its terms as a condition of my participation in an off-campus study program at The College of Wooster.

The Student: _____ Date: _____

The Student's Responsible Parent(s)/Guardian(s): _____ Date: _____

_____ Date: _____

Please mail or fax the original signed copy to Off-Campus Studies by February 1st.

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 www.wooster.edu/Academics/Off-Campus-Study