

**UNIVERSITY OF INDIANAPOLIS**  
**RELEASE AND WAIVER OF LIABILITY**  
Please read carefully! This is a legal document!

Participant Name: \_\_\_\_\_ Student ID (if app): \_\_\_\_\_

Course/Program Title: \_\_\_\_\_

I voluntarily and of my own free choice, desire to be associated with the University of Indianapolis as a participant in the travel program designated above. I understand that participation in this program may include traveling to and from other countries, traveling to and from cities and towns outside the United States of America, consuming the food and living in those accommodations available in the foreign country(ies) in which I am living and working or studying and with people whose living conditions, social practices and values, and even attitudes toward foreigners may be significantly different from those in my home country and culture. I hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **General Waiver and Release.** I release and forever discharge and hold harmless the University of Indianapolis and its affiliated organizations, directors, officers, employees and agents, and their successors and assigns, from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arises or may hereafter arise from my accepting participation in this course, whether such liability, claims or demands results from travel, from disease, consumption of food, or from civil unrest or otherwise. I understand and acknowledge that this Release discharges University of Indianapolis from any liability or claim with respect to any bodily injury, personal injury, illness, death, monetary loss or property damage that may result from my participation in this course. I understand that University of Indianapolis assumes no responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death, accident, monetary loss or property damage.
2. **Medical Treatment.** I hereby release and forever discharge University of Indianapolis from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me or to my dependents/ companions in connection with an emergency or health problem during my participation in this course.
3. **Assumption of Risk.** I understand that my program experience with University of Indianapolis may include activities and circumstances that may be hazardous to me including, but not limited to international travel, local transportation in the country of the program, poor health conditions, inadequate medical treatment facilities and other inherent dangers. I recognize that I may be traveling to and from locations that pose risks from terrorism, war, insurrections, or criminal activities. I understand that I assume the risk of being taken hostage and held for payment of ransom and that it is University of Indianapolis' policy never to pay ransom to kidnappers at any time or for any reason. I hereby expressly and specifically assume the risk of injury or harm in these circumstances and release University of Indianapolis from all liability for injury, illness, death, monetary loss or property damage resulting from such circumstances during my participation in this course, whether suffered by me personally or by any of my accompanying dependents or companions.
4. **Other.** I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release that shall continue to be enforceable.

**Please Check One**

- Being an adult of at least 18 years of age, I sign below in front of a witness to express my understanding and acceptance of this release.
- Being a minor of less than 18 years of age, I sign below in front of my witness, who is either a parent or legal guardian, to express our joint understanding and acceptance of this release.

**Course Participant:**

**Witness or Parent (please circle appropriate choice)**

Name: (please print) \_\_\_\_\_

Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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