

## Acknowledgement of Risk and Responsibility

### Colgate University Off-Campus Study/Center for International Programs

Name \_\_\_\_\_ Today's date \_\_\_\_\_

Off-Campus Program \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

Destination of trip \_\_\_\_\_ Travel dates: from \_\_\_\_\_ to \_\_\_\_\_

**1. Acknowledgement and Assumption of Risk:** I understand and acknowledge that there are certain risks associated with my off-campus travel and possible residence in a foreign country and that Colgate University, or Colgate, cannot control these risks. Some of these risks include: dangers inherent to traveling to and within, and returning from, one or more foreign countries, difficult terrain and inclement weather; inadequate or unhealthy food and/or water supplies; accidents or collisions involving various modes of conveyance; acts of terrorism, vandalism or war; storms, earthquakes or other natural disasters; government and/or cultural restrictions; theft or other criminal acts; and accident or illness in remote locations with little or no access to adequate medical facilities. These risks and hazards may result in serious personal or bodily injury, sickness or death, and damage to, or loss or destruction of property, and no guarantee can be made that Colgate or others will be able to provide assistance if any of the foregoing were to take place. I also understand and acknowledge that while studying abroad I may experience risks and/or differences relating to educational systems, academic expectations, recognition of civil and/or religious rights, lack of accessibility and accommodations for persons with disabilities, alcohol and drug use, relationships and gender issues. By choosing to participate in a Colgate off-campus study program I assume all risks inherent to the program (including those listed above and any other risks that may exist, whether or not presently foreseeable).

Colgate University recommends that students purchase personal property insurance to cover belongings abroad in the event of their loss or theft. Most (parents') homeowner's policies can add a rider for the time students are abroad. Investigate this at least 3 months before departing; provide proof of your program, where you'll be traveling and the dates of travel.

**2. Health and Safety; Medical Insurance:** I understand and acknowledge that I am fully responsible for my personal health and safety while studying off-campus. As such, I acknowledge that I have consulted the State Department Consular Information Sheets and Travel Warnings, related to my intended destination, at <http://travel.state.gov/travel> and the Centers for Disease Control (CDC) at <http://www.cdc.gov/travel/> I also acknowledge that I have reviewed all travel alerts and information, also pertaining to my intended destination, located on the [International SOS](#).

I have consulted my medical doctor and/or Student Health Services with regard to my medical needs and potential health issues related to the off-campus site. Having done this, I have concluded that there are no health-related reasons or problems that preclude or restrict my participation in this off-campus program.

Recognizing that unexpected medical emergencies may arise, I understand and acknowledge that, in the event of illness or injury, the off-campus faculty director may, but shall not be obligated to, aid in arranging for my treatment by a physician at or in the vicinity of the off-campus program site. I also understand that I may have to pay all medical bills while on site and arrange for reimbursement through my insurance carrier. I will maintain my primary medical insurance coverage during the period of time I will be on an off-campus program and I have consulted my health insurance provider to confirm that I have, or have obtained, such insurance coverage as I deem necessary while on this off-campus program. I understand that mandatory world-wide health insurance enrollment facilitated by Colgate may be a requirement of my off-campus program and that the cost of enrollment will be billed to me.

If an illness or injury necessitates my evacuation from the off-campus site, Colgate has purchased group insurance that will cover the cost of such evacuation and/or my repatriation. If this is deemed necessary, the off-campus faculty

director in conjunction with the Office of Off-Campus Study/International Programs will aid in arranging the evacuation/repatriation details. I acknowledge that the cost of this coverage is part of my off-campus program fees.

**3. Responsibility and Personal Conduct:** I understand that all students studying off campus through a Colgate off-campus study program are subject to the policies, rules, and standards of student conduct in the *Colgate Student Handbook*. While students are expected to maintain the same standards of behavior off campus as they are held to on campus, they are also required to respect and abide by the laws and customs of the host country (which may be significantly different than those prevalent in the student's home country).

I understand that safety and security concerns, and/or local conditions or customs in the host country may dictate that the faculty director impose additional rules or standards to ensure my safety and the running of the program. By accepting a place in this off-campus program, I agree to abide by all such standards and rules set by the faculty director.

I understand that no faculty member is responsible for my behavior while participating in an off-campus program.

I understand that if my conduct is determined to be detrimental to the safety and well-being of me or other students participating in the program, or to the running of the program, I may be required to withdraw from the program with no refund of fees and take responsibility for transportation costs to the United States. Such a decision will be made by the faculty director in consultation with the Director of Off-Campus Study/International Programs and the appropriate campus representatives at Colgate. I may be referred to the appropriate Colgate officials for further disciplinary or other action.

**4. Off-Campus Study Policies:** I have read and agree to abide by the policies explained on the *Off-Campus Study Policies* sheet, which I have received with this form. I understand that these policies are also posted on the Off-Campus Study web site located at <http://www.colgate.edu/academics/off-campus-study/forms-and-documents>.

**5. Modifications to and/or Cancellation of Program:** Colgate reserves the right to cancel or modify the program in the event of an emergency or change in conditions, or as it may deem to be in the best interest of the program.

**6. Release:** I acknowledge and agree that I am responsible for understanding the nature, extent and duration of the program and all associated activities. I also hereby release and forever discharge Colgate and its trustees, officers, agents, employees, contractors, and students from, and agree not to sue them for, any and all claims, demands, liabilities, rights and causes of action of whatever kind or nature, including but not limited to those arising out of personal or bodily injury, death, or property loss or damage, resulting from my participation in, or in any way connected with, this program (including without limitation claims, demands, liabilities, rights and causes of action arising out of the negligent acts or omissions of any or all of the aforementioned persons/entities or others).

I have read, understand, and agree to abide by the terms of this Agreement. I understand and agree that this Agreement is to be as broad and inclusive as is permitted by the laws of the State of New York, and that if any portion of this Agreement is held invalid, the remaining terms shall continue in full force and effect. This Agreement shall be binding upon me, as well as my successors, personal representatives, heirs and assigns.

***\*I confirm that I will maintain my primary (domestic) medical insurance coverage during the period of time I will be on an off-campus program.***

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy ID \_\_\_\_\_