

## ACADEMIC PROGRAM RELEASE

As a student enrolling through St. Bonaventure University, an Academic Program Release must be on file before departure. Failure to complete and submit this form before departure will disqualify the student. PLEASE READ CAREFULLY.

I, \_\_\_\_\_, a participant for the current academic program/service trip through St. Bonaventure University, waive and release any and all claims against St. Bonaventure University, host institution for any injury, accident or damages caused to me or my possessions due to any vehicle, war, weather, strike, sickness, quarantine, government restriction or regulation, or stemming from any act or omission of any airline, railroad, hotel, restaurant, bus company, taxi service, school, university or other firm, agency, (government or private), company or individual. I, \_\_\_\_\_, also release St. Bonaventure University(referred to as SBU) and its agents and agree to indemnify them with regard to any financial obligations or liabilities that I may incur personally or any damage resulting from participation in this program of SBU. In consideration of my acceptance for participation in the program, I, \_\_\_\_\_, do waive and release all claims, demand or causes of action against SBU and its agents, host institution(s), or other facilities, for loss, damage, accident, delay or expense resulting from the use of any vehicle, strikes, war, weather, sickness, quarantine, service, hotel, restaurant, school, university, or other firm, facility, company or individual.

I, \_\_\_\_\_, understand that all travel involves risk, and I hereby agree to assume such risk that is inherent with travel as a condition of my participation in this service project. I, \_\_\_\_\_, hereby waive and release any and all claims against the University and its agent(s) for any injuries, damages, or losses incurred in connection with terrorist activities, social or labor unrest, mechanical or construction difficulties, diseases, local laws, climactic conditions, abnormal conditions or developments, or any other actions, omissions, or conditions outside the University's control. By my participation in this program, I voluntarily assume all risks involved with such travel, expected or unexpected. I, \_\_\_\_\_, hereby acknowledge that I have been warned of such risks and I have been advised to a=take appropriate action and to govern myself accordingly.

I, \_\_\_\_\_, hereby grant St. Bonaventure University and its agent(s) full authority to take whatever action(s) they may consider to be warranted under the circumstances concerning my health and safety, and I fully release each of them from any liability for such decisions or actions as they may be taken in connection therewith. I, \_\_\_\_\_, authorize SBU and its agent(s), at their discretion, to place me, at my own (or my parents/guardian's) expense, and without any further consent, in a hospital within or without the United States of America for medical services and treatment, or if no hospital is readily available, to place me in the hands of local medical doctor for treatment. If deemed necessary by SBU or its agent(s), I, \_\_\_\_\_, authorize them to transport me by commercial airline, if necessary and I assume responsibility for the expenses involved. Any funds advanced to me for any purpose will be reimbursed upon demand either by my parents/guardian or myself. I, \_\_\_\_\_, have been advised that I must be covered by health and accident insurance during the entire period of my participation in this service project.

I, \_\_\_\_\_, agree to comply fully with the rules of St. Bonaventure University and its host institution(s) and/or travel facilities. I, \_\_\_\_\_, agree that SBU 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. In the event of termination, I, \_\_\_\_\_, agree to be sent home at my own or parent/guardian's expense. I, \_\_\_\_\_, understand that this is an organized program and that group standards must be observed. Except for those periods designated as free time, I will at all times remain under the supervision of SBU or its agent(s) and will comply with such rules, standards and instructions. I, \_\_\_\_\_, agree that SBU, its agent(s), host institution(s), travel facilitators, ect., have the right to terminate my participation at any time for failure to maintain standards or for any actions or conduct which SBU and its agent(s) consider to be incompatible with interest, harmony, comfort and welfare of other students.

It is my understanding that St. Bonaventure University, its agent(s), its host institutions(s), etc., are not responsible for any injury or any loss whatsoever suffered by me during the periods of independent travel (which I understand are at my own expense and arranged separate from the academic program of the University), or during any absence from the academic program of the University or other supervised activities. On group tours or other activities arranged by SBU and/or its agent(s), I will accept the will of the majority whenever a matter of choice is presented to the group. I, \_\_\_\_\_, understand that from time to time SBU publicity material may include statements made by its students and/or their photographs, and I consent to such use of my comments and photographic likeness. I understand that SBU and its agent(s) reserve the right to make changes in initial campus assignments, academic centers, etc. and to make alterations in programs and itineraries as may be required. I, \_\_\_\_\_, understand that program charges are based on applicable tariffs and government regulations and are subject to change depending on regulations in effect at the time of departure.

All references in this release to St. Bonaventure University and "its agent(s)" shall include SBU and all its officers, directors, staff members, campus directors, chaperones, group leaders, employees, advisors, and agents. All references to the "parent" of participant shall include the legal guardian or other adult responsible for the applicant.

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I, \_\_\_\_\_, have read the terms and conditions set forth in the University's descriptive information and I agree that these constitute a part of my agreement with SBU. I, \_\_\_\_\_, understand and agree to all the University's terms as set forth in the descriptive information and in this Release. I, \_\_\_\_\_, further understand that this agreement shall take effect only upon my acceptance by the University.

**Participant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, \_\_\_\_\_, certify that I am the parent or legal guardian of the above participant and that I have hereby joined in each and every part of the Release (including such parts as my subjecting me to personal financial responsibility), and hereby relinquish any claim that I may have against St. Bonaventure University or its agent(s) (as set forth above), both in my arising as a result of the participant leaving the supervision of SBU.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ALL STUDENTS REGARDLESS OF AGE OR FINANCIAL STATUS, MUST HAVE A PARENT/GUARDIAN'S SIGNATURE.**