



ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS, STATEMENT OF RESPONSIBILITY AND RELEASE

Participant: _____

ID Number: _____

Program Location: _____

Length of Program: _____

Villanova University offers students the opportunity to enroll in overseas programs, some operated by different educational institutions and program providers. Certain potential risks to personal health and safety are associated with international travel and residence in a foreign country. You should not participate in an overseas program unless you are willing to accept the associated risks. Villanova University cannot guarantee the health and safety of participants in an overseas program or eliminate all risks from overseas environments.

Please read, sign and return this form to the Office of International Studies before your program of study begins. Students who fail to return this form will not be allowed to participate in any programs offered through the Office of International Studies.

1. Acknowledgment and Assumption of Risks.

- a) I understand that there are certain risks associated with international travel and residence in a foreign country and that the University and its staff cannot control these risks.
- b) I understand that these risks may include exposure to potentially serious health and safety hazards such as: transportation accidents, storms, floods, earthquakes, and other natural disasters; infectious diseases, inadequate medical care, remote access to medical treatment; armed insurrections; and terrorist activities.
- c) I understand and hereby acknowledge that I assume all risks incurred by my participation in a program offered through the University (the "Program").

2. Release.

In consideration of being allowed to enroll and participate in the Program, the undersigned hereby release Villanova University, its Board of Trustees, officers, agents and employees from any and all claims arising out of or in any way connected with the Program and the Participant's participation in the Program, including, but not limited to, the risks as outlined above.

3. Health and Safety.

- a) I have consulted with a medical doctor with regard to my personal medical needs and about the location(s) where the Program is to be offered. There are no health-related reasons or problems that preclude or restrict my participation in this Program.
- b) I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk

