

RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK

USF ST. PETERSBURG STUDY ABROAD PROGRAM: _____

BEGINNING AND ENDING DATES OF PROGRAM: _____

I am aware of the unstable world conditions which might require changes in the program schedule or might cause inconvenience or even harm to me as it might to other travelers who go abroad, including but not limited to the hazards of various modes of transportation, forces of nature, acts or omissions of foreign governments, terrorism, war and insurrection and illness.

In consideration of the permission granted by the University of South Florida St. Petersburg to participate in the above program, I hereby assume the risk of inconvenience and harm and release the State of Florida, the State Board of Education, The Florida Board of Education, the University of South Florida St. Petersburg Board of Trustees and the University of South Florida St. Petersburg, as well as the agents, employees, and members of the aforementioned from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators or assigns may have against any and all of the aforementioned for any and all personal injuries known or unknown which I have or may incur by participation in the above stated program and for all damages to my property.

By registering to participate in this program, I certify that I am physically and emotionally capable of full participation. I realize that I am responsible for any injuries to persons or property that may be incurred as a result of my participation in this program, and I agree to exercise caution to avoid personal injury or harm.

USFSP has the authority to establish rules of conduct necessary for the operation of the program during the entire periods of the program, including free time. The use of illegal drugs during the entire period of the programs is strictly prohibited, and alcohol abuse is strongly discouraged. Should an official representative of USFSP decide that a participant must be separated from the program because of violation of stated rules, for behavior disruptive to the group or the program, or for any conduct that might bring the program to disrepute or its participants into legal jeopardy, that decision will be final. Any costs incurred by the University as a result of a participant's failure to follow direction or engage in dangerous or negligent acts will be the responsibility of the participant. **Separation from the program will result in the loss of all academic credit. Persons dismissed from the program will remain responsible for all program costs incurred on their behalf.**

The undersigned acknowledges and understands that in the event he/she becomes detached from the group, fails to meet a departure bus or train, or becomes sick or injured, the undersigned will bear all financial responsibility to seek our contact, and reach the group at its next available destination; and, the undersigned understands that he/she shall bear all costs attendant to contacting and reaching the program site.

I expressly agree that the foregoing Release and Waiver of Liability and Assumption of Risk is intended to be as broad and inclusive as is permitted by Florida law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I understand that the University of South Florida St. Petersburg requires that I demonstrate that I have medical insurance for illness or accidental injury valid outside the U.S in consideration of USF St. Petersburg's approval of my travel. I understand insurance can be purchased though the USF Education Abroad office in Tampa.

I, the undersigned, am at least 18 years of age. I have read this Release and Waiver of Liability and Assumption of Risk as well as the terms and conditions of application and participation as set forth in the USFSP Study Abroad Program brochure and understand all of its terms. I recognize and accept any risk associated with the program and its conditions, including the cancellation and refund policy as set forth in the USFSP Study Abroad Program brochure.

IN WITNESS WHEREOF I have executed this Agreement on the day and year first written below.

Participant's Name	Participant's Signature	Date	Student I.D. Number
Insurance Company			Policy Number