I understand that as a participant in the Boston University – University of Haifa Program:

(i) I may be exposed to certain risks, including personal injury, loss of life, and loss or damage of property while participating in the Program, while present in the country where the program is located, during or in connection with travel within the country or outside the country, and in connection with travel from the United States to the Program and return to the United States.

(ii) that the University gives no assurances or warranties as to the safety of the locations, structures, equipment, conditions, or circumstances in connection with the Program, or assurances as to the safety of international travel or destinations.

Therefore, to the extent permitted by law, I hereby now and forever release, indemnify, acquit and hold harmless the University and its trustees, officers, employees, agents, assigns and successors from any liability, claims, demands, causes of action, damages, costs, charges and any and all other claims, including without limitation attorney’s fees, which may be imposed upon, incurred by, or asserted against me by reason of any occurrences during the period of my travel to and from the Program, during my participation therein, whether resulting from acts or omissions of any persons, from the operation or condition of facilities or premises, from acts of war or terrorism, or from acts of God or nature; provided, however, that this clause shall not apply to injuries or losses caused by criminal conduct or gross negligence of the University’s employees or agents.

I agree that this instrument shall be governed by and construed in accordance with the laws of the Commonwealth of Massachusetts, and shall be binding upon my legal representatives, heirs, executors, administrators, successors and assigns.

I understand and agree that the University has reserved the right to, and may at any time in its sole discretion, cancel the Program or revoke any permission granted to me to participate in the Program.

I hereby acknowledge that I have been provided an opportunity to read this document, that I am fully aware of its legal effect, that I am executing it of my own free will and for my benefit in order to gain permission to participate in the Program and that in so doing, I have not been subjected to any form of coercion or duress by any member of the University Community.

Student Name (please print)

Signature of Student

Signature of Parent

Return the Release Form Within 2 Weeks To:
Boston University Study Abroad
888 Commonwealth Avenue, Boston, MA 02215
Fax: 617-353-5402 E-mail: abroad@bu.edu

Please keep a copy of this page for your reference.