PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!

AMERICAN CENTER OF ORIENTAL RESEARCH (ACOR), AMMAN
RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (the "Release") is executed in favor of the American Center of Oriental Research (ACOR) and its affiliated organizations, directors, officers, employees, and agents.

I, _____________________________________, desire to be associated with ACOR as a Grantee or Fellow and to engage in the activities and work under the circumstances in which ACOR is involved. I understand this may include, but may not be limited to, traveling to and from other countries, traveling to and from cities and towns outside the United States of America, consuming the food and living in those accommodations available in the foreign country(ies) in which I am working in whatever project or related offices ACOR provides, and living and working in cultures and with people whose living conditions, social practices and values, and even attitudes toward foreigners may be significantly different from those in my home country and culture.

I hereby freely and voluntarily, without duress, execute this Release under the following terms:

General Waiver and Release. I, _____________________________________, release and forever discharge and hold harmless ACOR and its affiliated organizations, directors, officers, employees, and agents, and their successors and assigns, from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my accepting a fellowship with ACOR whether such liability, claims, or demands result from travel, from disease, consumption of food, or from civil unrest or otherwise.

I understand and acknowledge that this Release discharges ACOR from any liability or claim against ACOR with respect to any bodily injury, personal injury, illness, death, monetary loss or property damage that may result from my fellowship with ACOR. I understand that ACOR assumes no responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death, accident, monetary loss or property damage.

Accompanying Dependents/Companions. I understand that ACOR assumes no responsibility of any sort for any injuries suffered, or costs/damages incurred by any of my accompanying dependents/companions, regardless of the source of funding of their travel, living accommodations or other support during my fellowship. I affirm that I have informed my accompanying dependents/companions of the fact that ACOR assumes no responsibility for them if they choose to accompany me on my fellowship.

Medical Treatment. I hereby release and forever discharge ACOR from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me or to my dependents/companions in connection with an emergency or health problem during my fellowship with ACOR.

Assumption of Risk. I understand that my fellowship with ACOR may include activities and circumstances that may be hazardous to me, including, but not limited to, international travel, local transportation in the country of my fellowship, poor health conditions, inadequate medical treatment facilities and other inherent dangers. I recognize that I may be traveling to and from locations that pose risks from terrorism, war, insurrection, or criminal activities. I understand that I assume the risk of being taken hostage and held for payment of ransom and that it is ACOR’s policy never to pay ransom to kidnappers at any time or for any reason.

I hereby expressly and specifically assume the risk of injury or harm in these circumstances and release ACOR from all liability for injury, illness, death, monetary loss or property damage resulting from such circumstances during my fellowship with ACOR, whether suffered by me personally or by any of my accompanying dependents or companions.

Other. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

To express my understanding and acceptance of this release, I sign here in front of a witness.

Grantee/Fellow:

Name: (please print) ______________________________________________

Signature: ____________________________ Date: ____________________

Witness:

Name: (please print) ____________________________________________

Signature: ____________________________ Date: ____________________