



**INTERNATIONAL FIELD TRIP:
ASSUMPTION OF RISK AND GENERAL RELEASE FORM**

THIS IS A RELEASE OF LEGAL RIGHTS – READ & UNDERSTAND BEFORE SIGNING

Name of Participating Student: _____

Description of Field Trip: _____

Faculty or Staff Trip Leader: _____

Destination(s): _____

Date(s): _____

I have chosen voluntarily to participate in the field trip described above (the “Trip”). (“Trip” is understood to include all activities at destinations, and all travel to and from such destinations.) I was not required to participate in this Trip as a condition of receiving my degree and it is not a requirement of my course of study. This agreement confirms my understanding of the following:

1. Risks of Travel. I understand that participation in the Trip and international travel generally involves risks not found in study at Boston University (“BU”). These include without limitation risks involved in traveling to, from, and within the Trip destination; foreign political, legal, medical, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local weather conditions; as well as risks generated by the activities in which I engage while on the Trip. The country or countries to which I will travel may have health and safety standards that differ from those enjoyed in the United States, and I recognize that I may be subjected to potential risks, illnesses, injuries and even death. I have made my own investigation of these risks, understand these risks and assume them knowingly and willingly. I will take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that BU recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well being. I understand that, although BU has organized the Trip, it cannot eliminate all risks or guarantee my safety while I am participating in the Trip. I have made the independent judgment to participate in the Trip.

I have read and understood all information on the U.S. State Department website (<http://travel.state.gov>) about the country or countries to which or in which I am traveling, including, without limitation, the U.S. Department of State Consular Information Sheet and the State Department Warning (if applicable). I also have reviewed the U.S. Centers for Disease Control health advisory information relating to travel abroad found at <http://www.cdc.gov/travel>, and any additional information available from the World Health Organization website (<http://www.who.int/>). With knowledge of this information, I have made the independent judgment to participate in the Trip.

2. Health Insurance; Medical Care; Health and Safety Concerns. I carry valid and current medical insurance and have a valid insurance identity card to bring. I have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while participating in the Trip. I will be solely responsible for payment in full of all costs of medical care I may receive. I authorize BU to obtain appropriate health care for me in the event that I need it but am unable to obtain it for myself. I further agree to hold harmless and indemnify BU for any and all actions

taken by BU to provide necessary emergency medical care to me during the Trip. I also understand and agree that if I experience serious health problems, suffer an injury, or am otherwise in a situation that raises significant health and safety concerns, then BU may contact my parents or any other person whose name I have provided as my “emergency contact.” I understand that BU ordinarily will not initiate such contact without having a discussion with me.

3. Standards of Conduct. I recognize that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations; with BU’s policies for student conduct (including without limitation those in the *Code of Student Responsibilities* and in any Trip-specific materials); and with any instructions given by Trip leaders. I promise to act responsibly and will become informed of, and will abide by, all such laws, regulations, policies and standards. I will comply with BU’s policies, standards and instructions for student behavior. I agree that BU has the right to enforce all standards of conduct described above.

4. Travel Arrangements. I understand that BU does not represent or act as an agent for, and cannot control the acts or omissions of, any host family, employer, transportation carrier, hotel, tour organizer or other provider of food, goods or services involved in the Trip. I understand that BU is not responsible for matters that are beyond its control, and that it cannot warrant the safety or convenience of the circumstances under which I will be living or working.

5. GENERAL RELEASE. Knowing the risks described above, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Trip. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify BU, and its officers, directors, faculty, staff, representatives, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, related to my participation in the Trip (including periods in transit to or from my destination), resulting from any cause, including but not limited to ordinary or gross negligence.

I certify that I am age 18 or older. I have carefully read and freely signed this Assumption of Risk and General Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the Commonwealth of Massachusetts (excluding its conflict of laws principles), which shall be the forum for any lawsuits filed under or incident to this agreement or the Trip.

Signed: _____ Date: _____

Student Name (print) _____

EMERGENCY CONTACT INFORMATION (please provide 2 contacts):

Name:	Name:
Relationship:	Relationship:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email: