

**STATEMENT OF RESPONSIBILITY AND AUTHORIZATION
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT**

University of West Georgia

European Union Summer Studies Program

The undersigned hereby acknowledges that participation in a travel abroad program sponsored by the University of West Georgia and/or the University System of Georgia involves some risks including physical injury, illness, or loss of personal property. The undersigned hereby agrees that for the sole consideration of the University of West Georgia's and/or the University System of Georgia's allowing the undersigned to participate in travel abroad through its **European Union Summer Studies Program** and any related activities for which or in connection with which the University of West Georgia and the University System of Georgia have made available any equipment, facilities, grounds, or personnel for such programs or activities, the undersigned does hereby release and forever discharge the University of West Georgia and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees, from any and all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, including death, damages to property and the consequences thereof, resulting from my participation in or my being in any way connected with the State University of West Georgia and/or the University System of Georgia and related activities.

I understand that the acceptance of this Release and Waiver of Liability by the University of West Georgia and the Board of Regents of the University System of Georgia shall not constitute a waiver in whole or in part of sovereign immunity by said Board, its members, officers, agents, and employees.

I hereby agree that I will maintain accident and health insurance for my individual protection and keep such insurance in force and effect for the entire duration of my participation in said program. I absolve the University of responsibility and all liability for any injuries, illnesses, claims, damages, charges, bills and/or expenses I may incur while I am abroad. I further certify that to the best of my knowledge, I am in good health and am physically capable of undertaking an intensive program involving foreign travel. I agree to consult my physician concerning any limiting conditions or special precautions necessary to the protection of my health, and to inform the University of West Georgia of any limiting conditions or special precautions recommended by my physician.

The right is reserved by the University, in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in the University's sole discretion, to cancel the Program or any aspect thereof after departure, requiring that all participants return to the United States, if the University determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued. I therefore understand that the University reserves the right to make changes to the Program itinerary at any time and for any reason, with or without notice, and the University shall not be liable for any loss whatsoever to the participants by reason of any such cancellation or change.

I understand and acknowledge that the University assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, circumstances beyond the control of the University, force majeure, war quarantine, civil unrest, public health risks, criminal activity, terrorism, accident, injuries or damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carrier beyond the University's control, with or without notice, or for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules, or other uncontrollable factors I am required to spend additional nights, the University will not be responsible for my hotel, transfers, meal costs or other expenses. My baggage and personal property is at my risk entirely.

I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use, and behavior. I agree to refrain from engaging in any political activity while I am in the Program and will refrain from religious proselytizing when in countries whose laws forbid such activities.

I will comply with all University standards, rules, and policies for student behavior and agree that the University has the right to enforce such standards and policies and may impose sanctions, up to and including

expulsion from the program, for any behavior detrimental or incompatible with the interest or welfare of the University or program. The University reserves the right to decline to accept or retain me in the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of the University, I understand that I may be required to leave the Program in the sole discretion of the University's agents and representatives, and may be referred to the appropriate University officials for further disciplinary or other action. In such an event, no refund will be made for any unused portion of the Program.

I agree that this Statement of Responsibility and Authorization; Waiver, Release and Indemnification Agreement, is to be construed under the laws of the State of Georgia, U.S.A.; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect.

I have read the above statement carefully, understand its terms, and signed it knowingly and voluntarily. Furthermore, I understand that this Agreement shall be effective for a period of one year from this date.

Name (Type or Print)

Signature

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the _____ day of _____, 20____. Signed, sealed and delivered in the presence of:

WITNESS

NOTARY PUBLIC

My Commission Expires _____