

**UNIVERSITY OF HARTFORD STUDY ABROAD  
ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

I, \_\_\_\_\_, am a student at the University of Hartford  
(name)

(hereinafter “the University”). I wish to participate in a University-approved research or study-abroad program (“the Program”) known as

\_\_\_\_\_  
(program title and/or description)

to be conducted from \_\_\_\_\_ to \_\_\_\_\_  
date date

In consideration for being permitted to participate in the Program, I hereby agree and represent that:

1. I have carefully identified, reviewed and considered the risks of travel to my destination(s), including by reading the most recent relevant U. S. State Department (“DoS”) Travel Warning(s) available through <http://travel.state.gov>, as well as the University of Hartford Travel Warning Policy dated February 1, 2007, attached to this form.
2. I have or will secure health insurance to provide adequate coverage for any injuries or illness that I may sustain or experience while participating in the Program. By my signature below I certify that I have confirmed that my health care coverage will adequately cover me while outside the United States, and hereby release on behalf of myself, my heirs, executors, administrators and assigns, the University, its employees, officers and regents from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) that I may incur because of those injuries or illnesses.
3. I understand that, although the University will attempt to maintain the Program as described in its publications and brochures, it (or its partners in the Program) reserves the right to change the Program or program activities, in its sole discretion, and may do so at any time with or without notice, and that the University, its employees, officers, regents and agents shall not be responsible for any expenses or losses that I may sustain because of these changes.
4. I understand the University reserves the right to remove me from the Program at any time should my actions or general behavior, in the sole discretion of the University, be determined to impede or obstruct the progress of the Program in any way.
5. I understand that there are unavoidable risks in study and travel outside the United States, and I hereby release and promise not to sue on behalf of myself, my heirs, executors, administrators and assigns, the University, or its employees, officers, regents and agents, for any damages or injury (including death) caused by, derived from, or associated with my participation in the Program (including those discussed in the preceding three sections), except for such damages or injury as may be caused by the gross negligence of willful misconduct of the employees, officers, regents and agents of the University. It is my express intent that this release shall bind the members of my family and spouse if I am alive, and my heirs, executors, administrators and assigns if I am deceased, and shall be deemed as a Release, Waiver, Discharge, and Covenant Not to Sue the above-named parties.

6. I agree that should any provision or aspect of this agreement be found unenforceable, that all remaining provisions of the agreement will remain in full force and effect.
7. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement, I have the right to consult with the advisor, counselor, or attorney of my choice.
8. I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such adjudication will occur in the courts of, and be determined by the laws of, the state of Connecticut.
9. This agreement represents my complete understanding with the University concerning the University's responsibility and liability for my participation in the Program, supersedes any previous or contemporaneous understanding I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.
10. I hereby certify that I was born on \_\_\_\_\_. I am, therefore, at least eighteen years of age or, if not, that I have secured below the signature of my parent or guardian as well as my own. I enter into this Assumption of Risk and Release of Liability of my own free will and accord, voluntarily and without duress.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian (if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship: parent or guardian

In case of emergency, contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_

\_\_\_\_\_