Acknowledgement & Assumption of Risk

The Catholic University of America (CUA) participates in a variety of study and/or travel abroad programs. CUA wishes to assure you that the harm associated with CUA international programs has been minimal. At the same time, there is some level of risk involved in any international travel. It is important for participants and their parents to realize that some risk is involved, and to make an informed decision when accepting participation in a program that involves travel abroad. CUA requires participants (or parents if the student is under age 18) to assume responsibility for risks beyond the control of CUA by signing a liability waiver.

This waiver accomplishes the following:
The signature of the student 18 or over acknowledges that he/she will participate in the Program and assume the associated risks.
The signature of the student 18 or over constitutes an authorization permitting CUA or its agents to obtain medical treatment for the student in the event such a need arises.
The signature verifies that the student has adequate health insurance that will provide coverage while abroad. Students who have CUA health insurance are automatically covered while traveling abroad.
It is imperative that you read this waiver carefully. Your signature constitutes acceptance of the terms and conditions covered herein.

General Waiver and Assumption of Risk
I understand there are certain dangers, hazards, and risks inherent in international travel and the activities included in the Program. I understand I am not required by CUA to participate in this particular program. I further understand that CUA cannot guarantee my safety while traveling abroad. In signing this waiver/giving permission, I agree to voluntarily accept the risks associated with the Program, and release and indemnify CUA from any and all liability for injuries other than those caused by CUA’s own negligence. I further accept all risks for activities undertaken outside of approved program activities, including voluntary travel and other undertakings.

I understand I bear full legal and financial responsibility for participation in the Program, including responsibility for all indebtedness or other legal obligations incurred while a program participant. I acknowledge that I have read the Conditions of Participation Form (Form C), and agree to abide by the rules set forth in the form. I understand that individual program features may be subject to change without prior notice.

Medical
I assure CUA that I have consulted to any extent necessary with a medical doctor with regard to my personal medical needs and hereby state that there are not health related-reasons or
problems which preclude or restrict my participation in this Program. I have been given a chance to submit an optional health information form that can be used in case of illness or other medical emergency while abroad. I have arranged for adequate hospitalization insurance to meet any and all needs for payment of hospital costs while undertaking the Program. I have received all of the vaccines recommended by the US Department of State for travel to the country I will be visiting. I understand CUA does not assume any legal responsibility for payment of medical costs.

In the event of sickness or injury, I hereby authorize CUA or its agents to secure whatever treatment is deemed necessary, including admission to a hospital, the administration of anesthetics, and the transfusion of blood or surgery. CUA assumes no responsibility for any damage which might arise out of or in connection with such authorized emergency treatment.

This is a release of legal rights. Read and understand before signing.
I understand that my agreement to the provisions contained herein is wholly voluntary. I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I am 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.

Student Signature: ___________________________ Date: ____________