

LOYOLA UNIVERSITY NEW ORLEANS

STUDY ABROAD STUDENT RELEASE, ASSUMPTION OF RISK, INSURANCE AND RESPONSIBILITY STATEMENT

In consideration of my being permitted to participate as a student in a Loyola Study Abroad/Exchange Program, administered by Loyola University New Orleans, I do hereby release Loyola University New Orleans, its Board of Trustees, officers, agents, affiliates and/or employees from liability related to my participation in the Program and assume the risks as follows:

1. I understand that on rare occasions an emergency may develop which necessitates the administration of medical care, hospitalization, or surgery. Therefore, in the event of injury or illness to myself, I hereby authorize Loyola, by and through its authorized representative(s), employee(s), or agent(s) in charge of said program to secure transportation and/or medical treatment deemed needed or necessary, including but not limited to medical evacuation, administration of anesthesia, surgery, and/or repatriation. It is understood that such transportation and/or medical treatment shall be solely at my expense, and I agree to reimburse Loyola for any expenses that it might suffer on account of said injury, illness, transportation, medical treatment and/or related matters.

Any health care provider rendering health care pursuant to this authorization shall be entitled to treatment consents given by the Loyola representative(s), employee(s), or agent(s). Treatment consents given by such person(s) are in the same manner as if given by the undersigned. A copy of this authorization may be used in place of the original.

2. I expressly agree to indemnify and hold harmless Loyola, its Board of Trustees, its officers, its agents, affiliates, faculty, and/or employees (each in their official and/or individual capacities) from any and all claims and causes of action for damage to or for loss of property, personal illness or injury, and/or death arising out of travel and/or any activity whether or not conducted by, through, or under the control of Loyola with regard to the aforesaid program.

3. I understand that international travel may expose me to serious risks of injury, illness or death, such hazards include, but are not limited to, road travel hazards, terrorist attack, natural disasters, abduction/kidnapping, criminal or sexual assault, communicable illnesses, and the like. Though exposure to these risks is never directly intentional, I realize that these hazards exist and I absolve Loyola, its Board of Trustees, officers, agents, affiliates, faculty, and/or employees from any responsibility and liability in this regard.

4. I understand that as an American (or other) citizen in a foreign country, I will be subject to the laws of that country. I agree to conduct myself in a manner that will comply with these laws and with the rules and regulations listed in the Loyola University New Orleans Student Handbook, all specific program policies, general Study Abroad policies and any other rules given to me during this program. I understand that my conduct abroad is governed by the Student Handbook of Loyola University New Orleans, including but not limited to, Chapter 3 "Policies Governing Student Behavior". I understand that Loyola University New Orleans, through its Program Director(s), authorized representative(s), employee(s), and/or agent(s) has the authority to discontinue my participation in the program, if in their judgment, my conduct is unacceptable,

5. I further understand that I am solely responsible for any and all costs arising out of my voluntary or involuntary withdrawal from the program prior to its completion, including but not limited to withdrawal caused by illness or disciplinary action by representative(s) of Loyola. I understand that Loyola retains the right to change the program, including itinerary, travel arrangements or accommodations; at any time for any reason and that the University will not be responsible for losses or expenses. Loyola also retains the right to cancel the program at any time and require the participants to return to the U.S. if conditions in the host country pose heightened potential danger to the student.

6. Opportunities for individual travel are plentiful. However, I understand that Loyola undertakes no responsibility or liability for the participant when he/she is traveling during the course of the study program abroad nor for the participant's independent travel before the beginning or after the close of the program.

7. I understand that Loyola University New Orleans has purchased medical insurance that covers medical evacuation, repatriation and emergencies abroad for the specific dates of the program. Since it is essential that students have medical insurance and medical evacuation insurance that covers them during their entire stay, if I plan to stay outside of the program dates, I certify that I have health and hospitalization insurance which is applicable overseas, including insurance coverage for emergency medical evacuation and repatriation of remains.

8. I have read and understand the above provisions and agree to be bound thereby.

Witness:

Participant Print

Signature

Date

9. Please list and explain any conditions or needs (medical or otherwise) that may require special attention during the summer program:

Emergency Contact Numbers:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Please return to:

**Judy Corcoran
Loyola University New Orleans College of Law
7214 St. Charles Ave., Box 901
New Orleans, LA 7011**