
LIABILITY RELEASE FORM FOR OFF-CAMPUS STUDY

I, _____ (the “student”), and my parent(s) or legal guardian(s), _____, in consideration of the student’s acceptance of Saint Michael’s College’s (the “College”) authorization of off-campus study and agreement to transfer credit toward graduation for participation upon successful completion of authorized off-campus study, do hereby undertake to release and forever discharge and agree to defend and indemnify the College, its agents, employees, successors and assigns, from all future claims, liabilities, injuries or demands of any nature whatsoever for or on account of any loss, damage, cause or right of action arising out of, or in connection with, off-campus study authorized by the College [including, but not limited to, all transportation to and from the study site(s)].

The student, and/or the persons acting on the student’s behalf, acknowledge that the student has voluntarily chosen to participate in authorized off-campus study, and that such participation is not required by the College. Furthermore, the student and the persons acting on the student’s behalf, understand and acknowledge the College has not represented that it has extensive knowledge of the safety of travel conditions or of the external conditions at the study site and, as a matter of fact, may have none; that the College has not provided guarantees of safety while the student is traveling or participating in authorized off-campus study; that the student has not relied upon any representations to the contrary of the College, or its agents or employees, in making his/her decision to participate in off-campus study, and that any and all risks are voluntarily assured by the student.

The parents or legal guardians of the above-mentioned student hereby agree to be fully responsible and hereby serve as Guarantors of this undertaking and for all financial obligations or the student’s off-campus study experience. The student agrees to adhere to all the regulations and requirements of the study site and of the College’s off-campus study programs.

DATED: _____ **COUNTRY** _____

SEMESTER/YEAR _____

PARENT or OTHER LEGAL GUARDIAN

STUDENT

Signature

Signature

Print Name

Print Name

Address

Address

In case of Emergency, we can contact the following person: _____

Name

Address

Relationship

Area Code and Phone Number