To Study Abroad at Non-Partner Institutions Assumption of Risks, Indemnification, and Waiver of Liability Form

This is a release of legal rights. Read and understand before signing.

Student Name:	("Student" or "I") Addr
Non-AU Study Abroad Program & Location:	("Program")
Semester:	
I am a student at American University ("AU" or "University") and have my Permit to Study Abroad in the Program above. By signing below, I agree as follows:	
1. <u>Assumption of Risks</u> . I understand that approval of the Perr purpose of transferring academic credit for coursework in the Program makes no representation or guarantees for the Program's location and secision to participate in the Program is entirely my own choice, volunt my studies at American University. I understand that participation in the found at AU. I understand that I am responsible for investigating and associated with the Program and its location. I assume complete responsible Program.	I further understand AU safety. I acknowledge that tary, and not a requirement the Program involves risks revaluating for myself the ri
2. <u>Indemnification & Waiver of Liability</u> . Having investigated behalf of myself, my family, heirs, representatives, accept those risks an indemnify, and hold harmless American University, its trustees, officers and all liability, claims, demands, rights, causes of action for personal ill which may occur en route to, during, from or as a result of my participation.	nd hereby agree to defend, s, employees, agents, from lness, injuries, death, or los
I have carefully read this Assumption of Risk, Indemnification an signing it. No representations, statements, or inducements, oral foregoing written statement, have been made.	nd Waiver of Liability bef
(Signature of student)	
I,, am the parent or legal guardian of the, have read the foregoing Assumption of I	
Waiver of Liability, and agree to be legally responsible for the obligation described in this form, and I agree for myself and for the Student, to be	ns and acts of the Student a
(Signature of legal guardian for a student under age 18)	Date
Printed name of legal guardian	