

WILLAMETTE UNIVERSITY
Office of Student Academic Grants and Awards

OFF-CAMPUS STUDY AUTHORIZATION AND RELEASE AGREEMENT

I, _____ (first and last name), wish to participate in an off-campus study program, _____, as a student of Willamette University, an Oregon non-profit corporation located in Salem, Oregon.

As a participant in an off-campus study program sponsored by Willamette University, I have read, understood, and agree to abide by the terms that follow.

I. TERMINATION OF PARTICIPATION IN PROGRAM

I acknowledge and accept that the University reserves the right to terminate participation of the student in the program for any of the following causes:

- 1) Failure to prepare conscientiously for the program as instructed by the Office of Student Academic Grants and Awards staff and, if applicable, the faculty sponsor including regular attendance at orientation sessions, pre-departure meetings, and study of assigned materials.

- 2) The commission of any other acts which are in the judgment of the University, its agents or officers, detrimental to, or incompatible with the interest, harmony, comfort or welfare of the group as a whole, or damaging to the relationships which the University has with persons, institutions and governments upon whom the

III. MEDICAL TREATMENT

If I am rendered incapable, I grant to Willamette University, its agents or officers, and any of its personnel full authority to take whatever action they feel is warranted under the circumstances, regarding my health and safety.

The University's personnel will attempt to seek the direct par u(he di)&(r)afgTche direct

of Trustees or any of the members thereof, or any officer, agent, representative, or employee of the University or Board of Trustees against claims and for all costs and reasonable attorney's fees arising out of or in any way connected with the following:

- 1) Any and all claims for any injury, loss, damage, accident, delay, irregularity or expense to the student beyond the University's reasonable control during the student's participation in this program or during any continuation or extension thereof
- 2) Any intentional or unintentional injury caused in whole or in part by the participant, whether alone or together with or in association with others, to any person or persons
- 3) Any intentional or unintentional damage or injury to property, caused in whole or in part by the participant, whether alone or together with or in association with others
- 4) Any financial or other obligations incurred by the participant during the duration of the program, including without limitation obligations or liabilities incurred by the participant in any country in which the program is conducted.

VI. AGREEMENT NOT TO SUE

I agree that neither I nor my legal representatives, including my family, spouse, heirs, assigns and personal representative, will make a claim against, sue or attach the property of the University for any injury or damage to person or property arising out of any travel or activity conducted under the control of Willamette University or cooperating institutions or out of the negligence of the University or otherwise, or my negligence in combination with that of the College while I am participating in the Carson program.

WILLAMETTE UNIVERSITY FOR DAMAGES CAUSED BY MY NEGLIGENCE FOR ACTS WHICH ARE RELATED TO MY PARTICIPATION IN THE PROGRAM OF OFF-CAMPUS STUDY. IT IS MY INTENT TO ASSUME ALL RISKS AND TO WAIVE AND GIVE UP MY RIGHTS TO SUE. I DO SO KNOWINGLY AND VOLUNTARILY.

SIGNED:

PRINTED NAME:

TODAY'S DATE:

DATE OF BIRTH:

If you are a minor, your parent or guardian must sign below:

PARENT OR GUARDIAN SIGNATURE makes the release of liability on behalf

_____ DATE: _____

PARENT/GUARDIAN PRINTED NAME:
