

GO Long - Acknowledgement, Waiver of Liability

STATEMENT OF RESPONSIBILITY AND ASSUMPTION OF RISK, WAIVER RELEASE AND INDEMNIFICATION AGREEMENT

I am a student at Susquehanna University and wish to participate in {YOUR GO LONG PROGRAM NAME}, a study away program approved by the University ("Program"). In consideration of the University's agreement to permit me to participate in this program, the receipt and sufficiency of which is hereby acknowledged, I agree as follows:

1) Risks of Travel. I acknowledge that I have voluntarily and freely elected to participate in the Program. I understand that participation in the Program involves risk not typically found at the University, including, but not limited to: traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; limited availability of quality medical care; acts of terrorism; weather emergencies; and other risks. I have made my own investigation regarding the risks associated with the Program and am voluntarily accepting these risks.

2) Health Insurance. I am solely responsible for securing, and agree to secure, a policy of comprehensive health and accident insurance that will cover injuries and illnesses I sustain or experience while participating in the Program, specifically with respect to the countries in which I will be living and/or traveling while on the Program. Such policy shall include repatriation coverage.

3) Medical Needs and Care. I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related matters that preclude or, except as disclosed, restrict my participation in the Program. I am aware of all applicable personal medical needs. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care during the Program, the University is not responsible for the cost or quality of such treatment or care. The University may (but is not obligated to) take any action it considers to be warranted under the circumstances regarding my health and safety. I hereby authorize the University, in conjunction with all relevant parties, to procure all necessary medical assistance while I participate in the Program and do authorize any medical professional to do all things reasonably necessary to treat any injury or illness which occurs during my participation in the Program. I agree to pay all expenses relating thereto and release the University from any related liability.

4) Program Changes. I understand that the Program Provider and/or Susquehanna reserves the right to cancel or make changes to the Program itinerary at any time and for any reason, with or without notice, and that Susquehanna University shall not be liable for any loss whatsoever to me by reason of any such cancellation or change. The University is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of who made the flight or other travel arrangements. I am responsible for any additional expense resulting from the above. The Program Provider reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Specific room and housing assignments are within the sole discretion of the Program Provider.

5) Program Provider's Discretion. I understand and agree that the Program Provider has the sole discretion to decline to accept or retain me in the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of the Program, I understand that I may be required to leave the Program in the sole discretion of the Program's agents and representatives, and may be referred to the appropriate officials for further disciplinary or other action. In such an event, no refund will be made for any unused portion of the Program or for costs associated with my return home.

6) No Liability on Behalf of Susquehanna University. I understand and agree that Susquehanna University is not responsible and assumes no liability for any circumstances that arise in connection with the Program that are beyond its direct control, including, but not limited to: cancellations, delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, accident, injuries or damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carrier, or for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other factors beyond the University's direct control I am required to incur additional cost, the University will not be responsible for any such costs or arrangements.

7) Assumption of Risk and Release of Claims. I freely assume all risks incidental to or in any way arising from my participation in the Program. To the fullest extent permitted by law, on behalf of myself and my heirs, executors, and next of kin, I release, covenant not to sue, and forever discharge Susquehanna University, including its trustees, employees, agents and volunteers ("Released Parties"), of and from all liabilities, claims, actions, damages, costs, attorneys' fees and expenses of any kind ("Losses") arising out of or related to my participation in the Program, including periods in transit to and from any country or area involved in the Program, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such Losses, which may include damage to property, personal injury or death.

I agree that this Statement of Responsibility and Assumption of Risk, Waiver, Release and Indemnification Agreement is to be construed under the laws of the Commonwealth of Pennsylvania without respect to principles of conflicts of laws and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that I will abide by each of the terms and conditions. I understand that by signing this agreement, I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily