HOPE COLLEGE ASSUMPTION OF RISK AND RELEASE FORM INTERNATIONAL OFF-CAMPUS PROGRAMS

THIS IS A LEGAL DOCUMENT - READ CAREFULLY BEFORE SIGNING. PLEASE COMPLETE ALL OF THE REQUESTED INFORMATION.

This document pertains to the following international program or activity (the "Program") which is either sponsored by Hope College (the "College") or other entity (the "Sponsor").

Name of Student:		Faculty/Group Leader: Student's Date of Birth:	
			onsideration of the opportunity to participate in the above to the following:
		presently covered by standard health insurance providing for medical treatment, and such of my participation in the Program. My health insurance information is as follows:	
]	Name of the insuring company:		
	Address:		
(Group number of the policy:	My individual policy number:	
2.	Emergency Contact Data. Primary Contact Name	Relationship to You	
	Daytime Phone	Evening Phone	
	Secondary Contact Name	Relationship to You	
	Daytime Phone	Evening Phone	
3.	Voluntary Participation. I am a student at Hope C	The hazards of travel by airplane, boat, train, bus, car, or other forms of transp Different or unstable political, legal, social, and economic conditions; Local health and weather conditions; The potential of criminal or injurious acts by others, including terrorism; Physical exertion or emotional distress associated with length of travel or activ Exposure to infectious, communicable, and other diseases;	
		cal injury, or even death, resulting from accident, natural disasters or acts of God; from ine or government restrictions; or from medical care or treatment received while abroad; ogram:	

- 5. **Fitness to Participate**. Understanding the above-mentioned risks, and understanding that participation in this Program may subject me to physical exertion, I hereby state that (unless I have informed Hope College otherwise in writing) I am physically fit to participate in this activity. I have also provided Hope College or the Program Sponsor with written information regarding any health or medical conditions I have, including prescriptions, and consent to this information being disclosed to any health care providers in connection with any treatment I receive.
- 6. **Release of Claims**. Knowing the risks described above, and in consideration of being allowed to participate in the Program, I herby assume all risks and responsibilities surrounding my participation in the Program. I herby release Hope College, their respective officers, trustees, agents, and employees from any and all liabilities, claims, or demands for damages for personal injury, disability, death, property loss or damage, or other loss of any kind that I may sustain as a result of my participation in the Program, whether such loss results from the negligence of such

released parties or otherwise. I further agree to indemnify and hold harmless Hope College, its officers, trustees, agents, and employees from any and all loss, liability, damage, or costs that it or they may incur as a result of my participation in the Program or arising from any of my acts or omissions, including reasonable attorneys' fees.

7. Compliance with Rules and Policies. I agree to comply with all the rules, regulati