

**Indiana University of Pennsylvania  
Acknowledgement of Risk and Release  
Faculty-Led Study Abroad Programs**

Read carefully before signing this document. This document should be signed in the presence of a Notary Public.

*I hereby acknowledge that I voluntarily applied and chose to participate in the \_\_\_\_\_ program through Indiana University of Pennsylvania (IUP) and voluntarily engage in activities of this program. I accept the conditions of the program for the term \_\_\_\_\_, as well as the financial responsibilities as outlined in the program materials. I am aware that participating in this program and its activities involves the risk of injury to my person and property. I voluntarily accept all risks of personal injury and property damage arising from my participation in the program, including traveling to and from the site.*

*I understand that IUP's role in this program is limited to facilitating placement opportunities and providing academic credits, and that IUP does not supervise or insure the actual placement and/or the activities of the agency, the host institutions, or host families.*

*I further understand that IUP does not provide any medical insurance or life insurance to cover accidental injuries, illness or loss of life, nor coverage for personal property damage. I hereby agree that I must maintain appropriate accident, health and property insurance, and if such insurance policies lapse, I recognize that no liability rests with IUP, its agents, or servants. I further certify that to the best of my knowledge, I am in good health and physically capable of undertaking this program. I agree to consult my physician concerning any limiting conditions or special precautions necessary for the protection of my health, and to inform IUP of any limiting conditions or special precautions recommendation by my physician.*

*Health Insurance Information*

*Name of Subscriber* \_\_\_\_\_

*Address of Subscriber* \_\_\_\_\_

*Employer of Subscriber* \_\_\_\_\_

*Insurance Company* \_\_\_\_\_

*Address* \_\_\_\_\_

*Insurance I.D. Number* \_\_\_\_\_

*Insurance Group Number* \_\_\_\_\_

**Indiana University of Pennsylvania  
STATEMENT OF COMMITMENT  
Faculty-Led Study Abroad Programs**

Read carefully before signing this document. This document should be signed in the presence of  
a Notary Public.

I, \_\_\_\_\_, accept the conditions of the IUP program \_\_\_\_\_ for the  
academic year \_\_\_\_\_, as well as financial responsibilities as outlined in the program materials.

*In the event of illness or other unexpected catastrophic events which may lead a student to forego the  
program or to terminate that study prematurely, IUP will not be required to provide a refund or any of the  
monies paid for the program. However, it may do so if IUP determines that the circumstances merit a  
refund.*

I understand that, while every precaution will be taken by IUP, it cannot be held legally liable for any mishaps  
which may occur. In particular, I recognize that there are risks associated with air, rail, and automobile travel  
(whether public or private).

I understand that I must have appropriate health, life, and property insurance, and if such insurance policies  
lapse, I recognize that no liability rests with IUP, its agents, or servants.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I recognize that in Pennsylvania, an individual is considered a minor until the age of 18. Since both  
and Pennsylvania laws apply to this agreement, this document is signed by myself (parent or legal guardian) and  
student, and is binding upon both of us.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

*Subscribe and sworn to (affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at*

*\_\_\_\_\_ . My commission expires*

*on \_\_\_\_\_ . \_\_\_\_\_*

*(Notary Public)*