

Tiffin University
Study Abroad Waiver of Liability and Hold Harmless Agreement

I, _____, do desire and intend to participate in Tiffin University's Study Abroad program opportunities in _____ (Country). I understand that there are certain dangers, hazards, and risks inherent in international travel and the activities included in the program, and I agree to assume all risks and responsibilities related thereto. I hereby waive, release and forever discharge all claims against Tiffin University, its Trustees, officers, agents, employees, and its Study Abroad program, from any and all claims, demands, causes of action and obligations to me, my heirs, executors and assigns for any injury, loss, damage, accident, delay or expense resulting from my participation in the Program, including, but not limited to, that which may result from airplane crashes, motor vehicle accidents, terrorist incidents, political unrest, strikes, criminal acts, weather, sickness, quarantine, government restrictions or regulations as well as any other risks that may not be foreseeable.

I do further agree to indemnify and save harmless Tiffin University, its Trustees, officers, agents, employees, and the Study Abroad program, with regard to any financial obligations or liabilities that I may personally incur or any damage or injury to my person or property or to the person or property of others that may occur while participating in the Study Abroad Program including attorney's fees and court costs.

I understand that Tiffin University, its Study Abroad program, officers, agents and employees are not responsible for any injury or loss whatsoever suffered by me during periods of independent travel, and the Study Abroad Program has full authority to take whatever action it may consider to be warranted under the circumstances regarding my health and safety, and I fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. In the event that the Study Abroad Program or its agents advance or loan any monies to me or incur special expense on my behalf while I am abroad, I agree to make immediate repayment upon my return.

I understand that poor road conditions, different traffic laws and regulations, and varying insurance requirements can make driving motor vehicles in foreign countries extremely hazardous. If I rent or operate a vehicle, I agree that such activity is totally voluntary and that I am solely responsible for any and all claims, damages, demands or resulting legal action that may occur.

I understand that during my participation in the Study Abroad program I am to comply with Tiffin University's student conduct regulations spelled out in the Student Handbook. I understand that the program director has the right to enforce appropriate standards of behavior and that I may be dismissed from the program at any time for failing to abide by such standards.

I understand that while I am a visitor in a foreign country, I will be subject to the laws of that country and that any breaches of the local law of the host community or country are punishable by the appropriate local law enforcement authorities.

I hereby assure Tiffin University that I have consulted with a health care provider with regard to my personal medical needs such that I can and do further state that there are no health related reasons or problems which preclude my participation in the Program. I understand that I am

responsible for and that I am required to maintain adequate health, life, accident and repatriation insurance coverage while I am a participant in the Study Abroad Program.

In the event I suffer any injury or illness while participating in the Study Abroad Program, I hereby authorize Tiffin University or on-site administrators to take whatever action at their discretion is deemed necessary without my consent for treatment in a hospital or in the care of a local doctor. If necessary or desirable, I also authorize them to transport me back to the United States for medical treatment. I agree that I will be fully responsible for any and all expenses, including transportation costs, associated with or in any way related to my medical care.

I understand that in the event that I choose to cancel my enrollment or voluntarily withdraw from the program at any time I agree to abide by the terms set forth under the policy specific to that specific program and Tiffin University. In addition, I am familiar with Tiffin University's institutional and federal refund policies in the Academic Bulletin. I understand that I may be responsible for cancellation fees for unused accommodations reserved on my behalf.

I understand Tiffin University, its Study Abroad Program, Trustees, officers, agents and employees reserve the right to cancel trips, and to make changes or alterations in the program and itineraries at any time as may be required because of emergency, changed conditions or the University's determination that such changes or alterations are in the best interest of the Study Abroad Program or its participants. I further understand Tiffin University, its trustees, officers, agents and employees are not responsible for changes or alterations to or cancellation of Study Abroad Programs by host institutions.

In signing this Release, I acknowledge and represent that I have become fully informed of the content of this waiver of liability and hold harmless agreement by reading it before signing it, and by signing this document as my own free act and deed confirm that no oral representations, statements, or inducements, apart from the foregoing written statement have been made.

I agree that any disputes concerning my participation in the program or the interpretation of this agreement shall be determined in accordance with the laws of the State of Ohio and that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.

**THIS IS A RELEASE OF LEGAL RIGHTS
READ AND UNDERSTAND BEFORE SIGNING**

Signed this ____ day of _____, 200__.

Signature of Participant

(Co-signature of parent or guardian if
Participant is under 18 years of age)

Printed Name

Witness: _____
Signature

Printed Name