



International Programs

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Release and Assumption of Risk Form

Name of Participant: _____
(Please print)

In consideration of my (self, child) being permitted to participate in the _____
administered by Pacific University, I do hereby agree as follows (please sign below).

MEDICAL EMERGENCY AND AUTHORIZATION

I represent and warrant that (I am/my child is) physically fit to safely participate in the program. I understand that on rare occasions an emergency may develop while I am overseas on a Pacific University program, which could require the administration of medical care, hospitalization, or surgery. Therefore, in the event of injury or illness to my (self/child), and if I am unable to grant permission at the time emergency treatment is required, I hereby grant Pacific University, by and through its authorized representative(s) or agent(s) in charge of this program, permission to authorize medical treatment and hospitalization, including but not limited to injections, anesthesia, surgery, and medication that the representative or agent, in consultation with medical personnel, deems appropriate. I agree that payment for any such treatment is my sole responsibility, and I agree to reimburse Pacific University or its authorized representative(s) or agent(s) for any expenses or charges which they might incur for such treatment.

Signature/Date: _____

INDEMNIFICATION

I, on behalf of myself, my heirs, executors, and assigns, agree to defend, indemnify, and hold harmless Pacific University and its representative(s), agent(s), employee(s), and directors, against any and all manner of actions, suits, debts, claims, or liability of every kind incurred or arising by reason of my (own/child's) participation in the program, including but not limited to, any injuries or death (I/my child) may suffer or cause to other participants. **IT IS THE INTENTION OF THE UNDERSIGNED BY THIS AGREEMENT TO EXEMPT AND RELIEVE PACIFIC UNIVERSITY FROM LIABILITY FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE CAUSED BY ANY MEANS, INCLUDING NEGLIGENCE.**

Signature/Date: _____

RELEASE

I am aware that accidents or injuries may occur as a result of my (child's) participation in the program. **I AGREE THAT PACIFIC UNIVERSITY, ITS REPRESENTATIVE(S), AGENT(S), EMPLOYEE(S) AND DIRECTOR(S) SHALL NOT BE RESPONSIBLE FOR ANY PERSONAL INJURY, OTHER INJURY, DAMAGE, LOSS, OR EXPENSE, EITHER TO (ME/MY CHILD) OR (MY/MY CHILD'S) PROPERTY, WHETHER OR NOT SUCH INJURY IS CAUSED BY NEGLIGENCE.**

Signature/Date: _____

(over)

RULES OF CONDUCT

I understand that participants in this international study program are subject to the laws of the country where in which the program is operating. I also understand that it is my responsibility to be informed about the laws of that country and to conduct myself in a manner that complies with those laws. Pacific University, its representative(s), agent(s), employee(s), or director(s) shall not, under any circumstances, be responsible for any illegal activities that I may engage in. I further agree to abide by the policies of the program. I understand that Pacific University (through its representative(s) or agent(s)) has the authority to discontinue my participation in the program, if in the judgment of the university, its representative(s) or agents(s), my conduct is unacceptable.

Signature/Date: _____

WITHDRAWAL FROM PROGRAM

I agree to be solely responsible for any and all costs arising out of my (own/child's) voluntary or involuntary withdrawal from the program prior to its competition, including withdrawal caused by illness or disciplinary action by Pacific University, or its representatives(s) or agent(s). In the event that Pacific University, its representatives(s) or agents(s), have committed expenses on my behalf prior to the start of the program I understand that these funds may not be refundable.

Signature/Date: _____