Claremont McKenna College Acknowledgment and Assumption of Risks, Waiver and Release Agreement for Students electing to study in countries with a U.S. Department of State Travel Warning

Name of Student:	 	
Program:	 	
Country:		

This is a waiver and release of legal rights; review carefully and understand before signing.

In consideration and as a condition of Claremont McKenna College's (CMC) approving my participation in the above study abroad program, ("the program"), I hereby agree to the following:

I have read and understand and have signed the "CMC Assumption of Risk, General Release and Indemnity Agreement" for students participating in study abroad.

I understand that I have voluntarily and on my own initiative elected to study abroad in a destination for which the U.S. Department of State has issued a Travel Warning advising U.S. Citizens not to travel to this region. I take full responsibility for travel to this destination and for educating myself to the risks involved in travel to, and within, and returning from this destination. Any references to CMC's permission to, and approval of, study abroad means only that CMC has agreed to give me credit for courses I satisfactorily complete in _____.

I hereby acknowledge that I am aware of and accept the risks of international travel generally. I also acknowledge that I have read and understand the U.S. Department of State Travel Warning regarding travel to and in _____(name of country) by United States Citizens dated _____(date of travel warning) and that, in spite of such warning and the College's clear recommendation against electing to travel and study in _____at this time, I have made the decision to study at _____(Country).

I also acknowledge that I am aware of the risks involved associated with foreign travel, that the U.S. Department of State considers these risks to be high and that travel in ______ (name of country) may expose me to significant risks, including , but not limited to, terrorism, war, kidnapping, detention by a foreign government, serious bodily injury including loss of limbs, sight, hearing, and the ability to care for myself, death, property damage and other risks that may not be foreseeable. I understand that CMC is not responsible for my health, safety, or security while in, and while traveling to and from, ______ and I assume full responsibility for all risks associated with my study and travel in ______.

I am not required to participate in this program located in _____(country) to satisfy any College requirement and my participation is wholly voluntary. I have also made my own inquiry and investigation into the risks and/or differences, and am willing to accept them as a condition of my participation in the program.

I acknowledge that I am solely responsible for my safety at all times relevant to study abroad. I agree to exercise my best judgment and to follow the advice of the on-site director abroad, but I

recognize that in spite of such advice, neither CMC nor the on-site Director or Program can guarantee my safety or security.

I understand that should I decide to return home before the end of the semester because of safety and/or security concerns, or for any other reasons, there is no guarantee that I would receive credit for the partial semester or a refund of fees paid for study abroad.

Having examined and understood the above, I (for myself, and my heirs, executors, administrators and assigns) hereby release, discharge, and waive any and all rights or claims for injuries or losses of any description arising in connection with any aspect of the Program, including but not limited to claims for damage to or loss of property, consequential damages, violation of civil rights, personal illness or injury, or death, that I may have to which may hereafter accrue to me against CMC and all of its current and former trustees, officers, employees or agents, and/or any sponsoring institutions.

I agree that if any portion of this Acknowledgment and Assumption of Risks and Release Agreement is deemed unenforceable, all other provisions will remain in full force and effect.

I understand and agree that no oral representations or statements by the College or its representatives will effectively alter the acknowledgments, agreements and representations stated above.

I HAVE CAREFULLY REVIEWED AND UNDERSTOOD THIS ACKNOWLEDGMENT AND ASSUMPTION OF RISKS AND RELEASE AGREEMENT AND I HEREBY AFFIRM MY AGREEMENT TO ITS TERMS AS A CONDITION OF MY PARTICIPATION IN THE PROGRAM.

By Signing below, I confirm that I am at least 18 years of age and have obtained the written consent of my parent(s)/guardian

_____Student Signature

Date

10/24/05