

Claremont McKenna College
Parent/Guardian Acknowledgment and Release for Travel to countries
with a U.S. Department of State Travel Warning

By my signature below, I acknowledge that I have read the "Acknowledgment and Assumption of Risks and Release Agreement for students electing to study in countries with a U.S. Department of State Travel Warning" signed by my child and I understand its meaning and effect. Further, I acknowledge that my child is planning to study and travel to _____ with my full knowledge.

In consideration of my/our child being permitted to study abroad in _____, I/we hereby release, discharge, and waive any and all rights or claims for injuries or losses of any description, whether known or unknown, arising in connection with my/our child's study and travel in _____ (country) against Claremont McKenna College and all of its current and former employees, officers, trustees and agents, and their representatives.

Name of Student: _____

Parent Name Printed: _____

Parent Signature: _____ Date: _____

Witness Name: _____ Relationship to Parent: _____

Witness to signature: _____ Date: _____

Parent Name Printed: _____

Parent Signature: _____ Date: _____

Witness Name: _____ Relationship to Parent: _____

Witness to signature: _____ Date: _____

Both parents, even if living apart, are required to sign this form. A separate note of explanation should accompany any form not signed by two parents.

Notary Public certification is not necessary.