

**PARENT ASSUMPTION OF RISK  
MACALESTER COLLEGE: FACULTY-LED STUDY AWAY PROGRAMS**

*This form must be completed by the parent or guardian of any student who is still considered a dependent for federal income tax purposes or financial aid. If you are not considered a dependent, please contact the Center for Study Away for further instructions on completing this form.*

**THIS IS A RELEASE. PLEASE READ IT CAREFULLY.**

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*(student's name – please print)*

As a parent or guardian of the student listed above, I have been asked to grant permission for participation in the following study away program:

Classics 155: January in Rome.

I understand that this will necessitate travel by my child or ward to and from Italy in order to participate in the program.

By signing below I grant permission for my child or ward to participate in this program. I understand that by its nature the program carries with it inherent risks and potential hazards that are beyond the control of the College and its agents and employees. I further understand that in some locations where my child or ward may travel adequate medical facilities and treatment may not be available.

**In exchange for Macalester College permitting my child or ward to participate in the program, I hereby release and forever discharge Macalester College, its trustees, directors, officers, employees, agents, and assigns of and from any and all claims and liabilities, including but not limited to negligence claims, arising from my child or ward's participation in this program or in related travel or activities. I will not sue or bring any such claims in connection with any death, injury, accident, illness or other damages or losses suffered by my child or ward. This release includes but is not limited to claims for any harm suffered by my child or ward if said child or ward does not follow or obey rules or guidelines set by the program director, any sponsoring organization involved, or Macalester College.**

I represent and affirm that my child or ward has health, accident, and hospitalization insurance to provide coverage during participation in the program and related travels, whether my child or ward is at the program site, traveling to/from the program site, or engaged in travel during breaks from or at the beginning or conclusion of the program. I understand that it is my responsibility, and not Macalester's, to ensure that appropriate medical insurance coverage is in place for my child or ward. I acknowledge and understand that none of the fees paid for this program go toward payment of such insurance and that Macalester College does not provide such insurance.

I have read and understand the terms and conditions of this release and have given permission to my child or ward to accept all of the terms and conditions of the program. I understand the inherent risks associated with the program and related travel, and I voluntarily agree to the terms above and to the terms accepted by my child or ward.

Signature of Parent or Guardian: \_\_\_\_\_

Printed name of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Please have your student submit this completed form with their application, student waiver, and a one-page-statement of purpose to Herta Pitman, 311 Old Main, by October 5. The form may be signed, scanned and sent to your student as a pdf, but they should print a copy for their application.