

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

Return this waiver, the signed parental/guardian waiver, your application and one-page statement of purpose to Old Main 311, and deposit \$1000 in your Student Account for January in Rome by October 5.

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

I understand the following conditions on my participation:

1. Macalester College and the program director have the authority to establish rules necessary for the operation of the study away program. I agree to comply with those rules. Should the College decide that a student must be separated from the program because of violation of such rules, for disruptive behavior, or for conduct which could bring the program into disrepute, that decision will be final and may be made with or without consultation with the student's parent or guardian.
2. Any study away or travel carries with it potential hazards that are beyond the control of the College and its agents or employees. Such risks may include crime, terrorism, civil or political unrest, accidents, disease or other unsafe conditions that could cause serious injury or death. I understand, and assume all responsibility for, the risks associated with my participation in the program and related activities and travel.
3. I understand and agree to the following, regarding insurance:
  - a. I have health, accident, and hospitalization insurance that provides benefits during my participation in the study-away program and related travel, whether I am 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 me and recognize that Macalester College does not have an obligation to provide me with such insurance.
  - b. The College provides supplemental coverage for emergency medical evacuation, political and natural disaster evacuation, death and dismemberment, and repatriation of remains. This coverage applies only during the program dates. Participants planning independent travel are strongly encouraged to carry supplemental coverage for travel outside the program dates.
  - c. Travel insurance such as lost baggage and trip cancellation insurance are not included and would be the responsibility of individual participants to add should they so desire.
4. I understand that I am responsible for reading and understanding all information and all written materials and for attending all orientation sessions for study away provided by Macalester College—including but not limited to visa and immunization requirements, safety and security recommendations, and the procedures and consequences associated with cancellation and withdrawal.
5. I assume full responsibility for any physical or emotional conditions that might impair my ability to complete the experience. I understand that the College will work with me to accommodate any conditions disclosed during the program enrollment process.
6. **In exchange for being allowed to participate in the program, I hereby release Macalester College, its trustees, directors, officers, employees, agents and assigns from any and all claims and liability, including but not limited to negligence claims, for injury or harm to myself or for damage to or loss of my possessions arising from my participation. I will not sue or bring any claims against Macalester College relating to such claims and liabilities.**
7. I will follow all guidelines established for and during this program, will be at the appointed place(s) of departure on time, and will not deviate from the determined schedule. I understand and agree that I will be fully responsible for all consequences and costs associated with my failure to comply with the guidelines and schedules, including any travel or other expenses that may result from my failure to comply.

*My signature below signifies that I have read the foregoing release and agreement and accept the conditions stated therein.*

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Student Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_