STUDENT WAIVER
MACALESTER COLLEGE INDEPENDENT STUDY

THIS IS A RELEASE. PLEASE READ IT CAREFULLY.

I, ____________________________________________,
(student's name - please print)
a student at Macalester College, planning to conduct independent research on
____________________________________ in _____________________________________,
(title of project) (location)
understand the following conditions on my participation:

1. Macalester College itself does not control the way in which this educational opportunity is
structured or operates. In granting credit for this independent project, the College affirms
that, to the best of its judgment, the experience is an appropriate curricular option for students
in a liberal arts program of study and worthy of Macalester credit but makes no other
assurances, expressed or implied, about the travel and living arrangements the student has
made.

2. Macalester College does not knowingly approve opportunities which pose undue risks to their
participants. However, any independent study or travel carries with it potential hazards which
are beyond the control of the College and its agents or employees.

I have sufficient health, accident, disability and hospitalization insurance to cover me during
participation in my independent study opportunity, and I recognize that Macalester College does not
have an obligation to provide me with such insurance.

I assume full responsibility for any undisclosed physical or emotional problems that might impair my
ability to complete the experience, and I release Macalester College from any liability for injury to
myself or damage to or loss of my possessions caused by acts of God or by situations beyond the
control of Macalester College.

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

Signature of Student: ____________________________________________

Date: ____________________________________________
PARENT WAIVER
MACALESTER COLLEGE INDEPENDENT STUDY

THIS IS A RELEASE. PLEASE READ IT CAREFULLY.

_________________________________________________, a student at Macalester College

(student's name - please print)

has sought my permission, as his/her parent or guardian, to conduct independent research on

____________________________________ in_____________________________________,
(title of project) (location)

approved for academic credit by Macalester College:

My permission is hereby granted for my child or ward's participation in this project, with the understanding that Macalester College does not knowingly approve projects which pose undue risks to their participants but that any independent study or travel carries with it potential hazards which are beyond the control of the College and its agents or employees and that Macalester College itself does not control the way in which this educational opportunity is structured or operates.

I agree that I will not hold Macalester College or its officers, employees, agents, or trustees responsible for any acts of God or events beyond its control with respect to my child or ward's participation in this independent study. I further agree that I will not hold Macalester College liable for any harm suffered by my child or ward if said child or ward was not following or obeying rules laid down by the sponsoring organization or Macalester College.

I have read and understand the terms and conditions of this release and I agree and subscribe to them. My signature below also signifies that my child or ward has sufficient health, accident, disability and hospitalization insurance to cover him or her during participation in this independent study opportunity.

I further state that I have read the terms of the release and agreement attached hereto that has been signed by my child or ward, with my permission, and I agree to be bound by the same terms and conditions as if I myself had signed it.

Signature of parent or guardian: __________________________________________________

Printed name of parent or guardian: _______________________________________________

Date: _____________________________________________________________________

(This waiver 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.)