PARENT WAIVER
MACALESTER COLLEGE: STUDY AWAY PROGRAMS

This parent 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. 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.

_______________________________________________________________________________
(student’s name – please print)

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

_________________________________________________________________________________
(program name)

approved for academic credit by Macalester College, I understand that this will necessitate travel by my child or ward to and from ____________________________(program site) in order to participate in the program.

My permission is hereby granted for my child or ward’s participation in the program, with the understanding that Macalester College does not knowingly approve programs which pose undue risks to their participants but that any study away program 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 particular program 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 program. 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 program director, 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 provide coverage during participation in the program, and I expect and recognize that none of the fees paid for this program go toward the payment of such insurance and that Macalester College does not have an obligation to provide me with such insurance.

Signature of Parent or Guardian: _______________________________________

Printed name of Parent or Guardian: _________________________________

Date: _________________________________

Please submit this completed form to the Macalester Center for Study Away:
MAIL: Center for Study Away, Macalester College, 1600 Grand Avenue, St. Paul MN 55105
FAX: 651-696-6129
EMAIL: studyaway@macalester.edu