PARENT ASSUMPTION OF RISK
MACALESTER COLLEGE: 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.

______________________________________________________________

(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)

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

By signing below I grant permission for my child or ward to participate in the 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 also understand that Macalester College itself does not control the way in which this particular program is structured or operates.

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 was not following or obeying any rules or guidelines set by the program director, sponsoring organization, or Macalester College.

I represent and affirm that my child or ward will have health, accident, disability, 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 and that in some locations where my child or ward will travel adequate medical facilities and treatment may not be available.

I have read and understand the terms and conditions of this release, I understand the inherent risks associated with the program, travel abroad and related activities, and I voluntarily agree to the terms above.

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

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