

STUDY ABROAD PROGRAM RELEASE

I, the undersigned, an applicant for admission to a Miami Dade College sponsored study abroad program ("the Program"), do waive and release any and all claims, demands or causes of action against the Miami Dade College, its District Board of Trustees, employees and agents (together referenced as "the College") or its host institution(s) abroad for any injury, accident, damages and/or death caused by vehicles, act of war, weather, strike, sickness, quarantine, terrorist activity, government vehicles restriction or regulation or stemming from any act or omission of any airline, railroad, hotel, bus company, taxi service, school, college, institute, university, or other firm, and any government or private company or individual. I also release the College and agree to indemnify them with regard to any financial obligations and/or liabilities that I may incur personally or any damage resulting from my participation in the Program. I understand and acknowledge that I am solely responsible for satisfying such financial obligations and/or liabilities. Accordingly, I waive and release all claims, demands or causes of action against the College, host institution(s) or other facilities here and abroad, for any injury, loss, damage, accident, delay, or expense resulting from the use of any vehicle, any strikes, weather, sickness, quarantine, service, hotel, restaurant, school, college, or other firm, facility, company or individual.

I accept full financial responsibility for any and all direct expenses incurred from my participation in the Program, including any and all program and instructional costs, including fees, tuition, room and board, travel, insurance and other such costs owed either to the College, and/or the host institution abroad, and/or any other agent providing services to me as a participant in the Program. If I am the beneficiary of financial aid from any source, I understand that my personal financial responsibility supersedes the expectation or actuality of any disbursement of said financial aid to me and that ultimately I am fully responsible for payment of the items described in this Release.

I understand that all travel involves some risk. I hereby agree to assume such risk that is inherently part of foreign travel as a condition of my acceptance and participation in the Program. I hereby waive and release any and all claims against the College for any injuries, accidents, damages, losses and/or death incurred in connection with terrorist activities, social or labor unrest, acts of war, mechanical or construction difficulties, diseases, local laws, climatic conditions, abnormal conditions or developments, or any other actions, omissions or conditions outside the College's control. By my participation in the Program I voluntarily assume all risks involved in such travel and presence abroad, whether expected, or unexpected.

I hereby acknowledge that I have been warned of such risks, and that I have been advised to take appropriate action and to govern myself accordingly. I am also aware that certain insurance companies do offer insurance against some or many of the perils noted, and that I may insure myself should I so choose.

Study Abroad Program Release for:

Applicant's Initials**Page 1**

I hereby grant the College full authority to take whatever actions they deem necessary concerning my health and I fully release the College from any liability for such decisions or actions as may be taken in connection with my health. I hereby consent to the College disclosing any and all of my medical information in its possession for the sole purpose of assessing my medical needs or obtaining medical services on my behalf. I authorize the College, at their discretion, to place me in a hospital within or outside of the United States of America ("U.S.") for medical services and/or treatment at my own or my parent's/parents'/guardian's, expense without further consent. If no hospital is readily available and I require medical services, I authorize the College to place me in the hands of a local physician for treatment. If deemed necessary or desirable by the College, I authorize the College to transport me back to the U.S. by commercial airline or other accessible conveyance. I am, or my parent's/parents'/ guardian's are, solely responsible for the expenses associated with such activities. Either my parent(s)/guardian or I will reimburse any funds advanced to me for any purpose upon demand. I have been advised that I must be covered by adequate health and accident insurance, valid in and outside the U.S., during the entire period of my participation in the Program.

I agree to comply fully with the rules of the College and its host institution(s) abroad, and/or travel entities/companies. I agree that the College has the right to terminate my participation in the Program with no refund of monies paid. In the event of termination, I agree to be sent home at my parent's/parents'/guardian's or my own expense. I understand that the Program is an organized group study program and that group standards must be observed. Except for those periods designated as free time, I will at all time remain under the supervision of the College or host institution(s) and I will comply with the rules, standards, and instructions for student behavior. I hereby waive and release any and all claims against the College arising out of my failure to remain under such supervision or to comply with rules, standards and instructions. I agree that the College, host institution(s), travel facilitators, etc., have the right to terminate my participation in the Program at any time for my failure to abide by the Program standards or for any actions or conduct that the College or host institution(s) deem inappropriate and incompatible with the interest, harmony, comfort and welfare of other Program participants.

I also understand that I am required to abide by any and all local and international laws applicable to me during my participation in the Program. Should I choose to violate those laws, neither the College nor the host institution is legally obligated to assist me with any civil or criminal allegations or charges against me. I also understand that the College and its host institution(s) are not responsible for any injury, damage, loss and/or death whatsoever suffered by me during periods of independent (any activity that is arranged by me and is separate from the Program and the College or during any absence from the Program or other supervised activities) trouble, which I further understand are at my own expense. On group tours or other activities arranged by the College and/or the host institution(s) I will accept the will of the majority of the Program participants whenever a matter of choices is presented to the group.

I understand that from time to time the College publicity material or that of its host institution(s) may include statements made by its students and/or their photograph and I consent to such use of my comments and photographic likeness. I understand that the College reserves the right to make changes, including but not limited to: initial campus assignments, academic centers, and alterations in programs, itineraries, schedules and academic calendars as may be required. I understand the Program charges and expenses are based on applicable tariffs, international currency fluctuations, and government regulations and are subject to change depending on conditions and situations at the time of departure.

All references in this Release to the College shall also include the College's chaperones, group leaders, faculty members, administrators, advisors, hosts, and all other institution personnel. All references to the "parent(s)" of the applicant shall include the legal guardian and/or any adult legally responsible for the applicant/participant.

Study Abroad Program Release for:

Page 2

Applicant's Initials

I possess and understand the terms and conditions set forth in the College's descriptive information of the Program and I agree that these constitute a part of my agreement with the College. I understand and agree to all of the College's terms and conditions set forth in this Release form. I further understand that this Release shall take effect only upon my acceptance into the Program by the College.

Signature of applicant: _____

Date: _____

Name (Please Print): _____

I certify that I am the parent or guardian of the above-signed applicant, and that I have read this Release in its entirety and examined the information in the Program description. I hereby join in each part of the Release including such parts as may subject me to personal financial responsibility and hereby relinquish any claim(s) I may have against the College, as identified in this Release and set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the applicant, including without limitations any claims arising as a result of the applicant's leaving the supervision of the College or host institution(s) while in the U.S. and abroad.

Signature of parent/guardian _____

Date: _____

Name (Please print) _____

Notary (for signature of parent/guardian)

Study Abroad Program Release for:

Page 3

Applicant's Initials