

CORNELL COLLEGE
Mt. Vernon, Iowa

Off-Campus Course Trip
Student Acknowledgement of Risk and Release and Expectations

Destination: _____ **Dates:** _____ **through** _____

Participant: _____

As you read the following, please initial at the bottom of each page.

My signature below signifies that I understand the following policies and procedures, and that I agree to abide by them. It is understood that these rules apply equally for all students participating in the course trip.

Acknowledgement of Risk and Release:

- 1) Professor _____ has complete authority as director of the course.
- 2) I acknowledge that Cornell College and the faculty and staff shall not be liable for any theft, loss, inconvenience, damage, or injury to applicant or his/her property occasioned by, or arising from, any defective equipment or any act, omission, negligence or breach of duty of fellow students, hotels, or similar institutions, carriers (public or private), restaurateurs, travel agencies, purveyors, or any agent or servant of them, or any person or company engaged by Cornell College or from any changes in transportation service, sickness, weather, strikes, war, quarantine or other cause.
- 3) I acknowledge that the activities involve exposure to various risks (including but not limited to vehicle accidents, etc.).
- 4) I acknowledge that all transportation and housing providers, or similar institutions are engaged as independent contractors and not as agents or employees of Cornell College. In addition, I acknowledge that Cornell College, the faculty and staff shall not be liable for participants who choose to extend their travel beyond that of the announced mission.
- 5) I assume all risk and financial responsibility for any loss or injury to myself that may result from my actions or omissions.
- 6) I indemnify and hold Cornell College harmless from all costs, claims, charges, liabilities, obligations, judgments, costs of suits, and attorney fees arising out of my negligence or misconduct.
- 7) I authorize Cornell College or any of its agents to provide or authorize any reasonable, incidental and/or emergency medical treatment, and I accept the responsibility to pay for such treatment (see other requirements regarding medication and health insurance).

Initial _____

Expectations:

- 8) I am expected not only to participate fully in the activities during the course, but also to cooperate with the director and the other students in any and all activities during the full time of the mission. I am expected to be prompt for all activities required by the director. It is understood that when approval is granted for non-course related travel, such travel is done at the risk of the student alone, and that Cornell College does not assume any responsibility for what transpires as a student travels on his/her own.
- 9) I understand that if I am unable or unwilling to follow instructions of the director of the course trip, or violate conditions set forth here, the director has a right to require that I return to campus or home on a flight to be arranged by the director, at my expense.
- 10) I am responsible for my own actions at all times. This includes, but is not limited to:
 - a) Transporting, checking, and reclaiming my own luggage, and may be limited to the amount of luggage I can carry unaided with reasonable speed and confidence. I am responsible for my own private possessions during the entirety of the trip.
 - b) Consideration of those with whom I live, and abiding by the rules of the hosts. I agree to behave and dress appropriately to the situations and to respect the customs and sensitivities of the host country.
 - c) Abiding by all the rules and regulations of Cornell College, and observing the laws and customs of the households and communities of the host country or countries listed above.
 - d) If I consume alcohol, I am expected to do so legally and with the moderation characteristic of the most responsible of adults, demonstrating consideration for myself and others, particularly my fellow students and my hosts.
 - e) Refraining from using profanity.
- 11) There will be absolutely no possession or use of illegal substances of any kind, including marijuana.
- 12) I understand that I am a global representative of Cornell College which is to be represented by good citizenship and participation with the group. I agree to do my part to make the program a success.
- 13) I understand that a credit card or cash is often the only way to receive medical care in a foreign country.
- 14) I certify that I am physically, mentally, and emotionally capable of participating in the activities.
- 15) I agree to provide upon request a written statement that I have been examined by a qualified physician who reports that I am in good health, may travel as required, and am free from any physical or mental ailment of disability requiring medical, surgical, or other care or treatment which might endanger the health or safety of myself or those with whom I may come in contact.

Initial _____

16) I certify that I have the necessary quantity of all medication needed for the duration of the trip and assume all responsibility for taking said medication.

Allergies: _____

Regularly taken medications: _____

Other health conditions: _____

17) I certify that I have obtained any and all immunizations necessary and/or recommended for travel to the country or countries listed above.

18) I certify that I am covered by the following medical insurance plan and will be covered for the duration of my involvement in this course. I have contacted my insurance company regarding my travel.

Name of Hospitalization Plan

Subscriber Name

Insurance Card Number

Expiration Date

In case of an emergency, I grant Cornell permission to contact the following individual and discuss any medical or personal situation I may have encountered during the course trip:

Name and Relationship

Address

City, State, Zip

Phone Numbers (home, work, cell)

I have read this Expectations and Acknowledgement of Risk and Release, understand its contents, and agree to abide by the terms of this agreement. I have had a chance to ask questions regarding this consent form and have had those questions answered to my satisfaction.

Signature of Participant

Date

Printed Name

Date of Birth

Signature of Parent or Guardian (if a minor)

Date

Printed Name of Parent or Guardian

Return to Amanda Ross [College 112] prior to departure

Initial _____

October 1, 2007