

WAIVER OF RELEASE OF LIABILITY  
Augsburg Abroad · Office of International Programs



**Non-Augsburg Programs**

*Read carefully before signing:*

I, ("Registrant") have applied for and intend to participate in a non-Augsburg program. In doing so, I understand that:

1. The foreign program is not an Augsburg College ("Augsburg") program, and that Augsburg plays no role in how the program is organized, run or supervised.
2. I am responsible for investigating the quality of and risks presented by the program; and
3. Augsburg is not responsible for any damage or injury that I may suffer in the event that I choose to participate in the program.
4. I agree that if I leave the course prior to its completion due to my own circumstances that: a.) I will provide the program and Augsburg Abroad advance written notice of my intention to leave the program; b.) I am responsible for my own care and safety, as Augsburg College will have no liability for my care and safety after I leave the Program or if the Program is cancelled; c.) **I accept all responsibility for loss or additional expenses, including, but not limited to transportation and return travel, lodging, meals, personal and other program related expenses, or any other services to me in connection with my early departure.**
5. I agree that if I am dismissed by the program on their grounds for dismissal (e.g. poor academic performance, being disruptive to the program, having a medical or mental health condition that has an impact on the study abroad program/group or is life-threatening to myself, or other reason presented by the program) that: a.) I will provide Augsburg Abroad written notice of my dismissal from the program; b.) I am responsible for my own care and safety, as Augsburg College will have no liability for my care and safety after having been dismissed from the program; in the event that I need to return due to medical or life threatening health issues, I am responsible for providing a designated resource person to accompany my return home; c.) **I accept all responsibility for loss or additional expenses, including, but not limited to transportation and return travel, lodging, meals, personal and other program related expenses, or any other services to me in connection with my early departure.**
6. In the event that this program is cancelled during any portion of it due to unforeseen circumstances (e.g. political unrest, natural disaster or other unforeseen circumstances), I understand that I will be subject to the cancellation policies of the host organization.
7. I agree that if I remain in the foreign country (e.g. political unrest, natural disaster, acts of terrorism or other unforeseen circumstances) after receiving notice of the cancellation of the program that: a.) I am responsible for my own care and safety, as Augsburg College will have no liability for my care and safety after I leave the Program; c.) **I accept all responsibility for loss or additional expenses, including, but not limited to transportation and return travel, lodging, meals, personal and other program related expenses, or any other services to me in connection with remaining in the foreign country.**
8. I understand that the College may notify my parents, guardians, study abroad advisor, and/or other persons indicated on the application form in the event I become seriously ill or am involved in an emergency situation during the program semester.

9. I understand that I assume full responsibility for any undisclosed physical, mental or emotional issues which might impair my ability to complete the program. If I do not make medical and psychological needs known in a timely manner, this may delay or cancel my participation in the program, if reasonable accommodations can not be made in a timely manner.

I have carefully read this agreement and release and I fully understand its contents. I sign of my own free will.

\_\_\_\_\_  
Registrant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrant's Name and Date of Birth (Please Print)

\_\_\_\_\_  
Registrant's Study Abroad Program Provider, City/Country

**Important:** *If Registrant is a minor (under 18 years): Parent or legal guardian must sign.*

I am the Registrant's parent or legal guardian. I am signing this Agreement and Release on my own behalf and on behalf of the Registrant and his/her heirs and assigns.

I have carefully read this agreement and release and I fully understand its contents. I sign of my own free will.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian's Name (Please Print)

Return completed and signed forms to:  
Augsburg Abroad  
Office of International Programs  
2211 Riverside Avenue, Campus Box 307  
Augsburg College  
Minneapolis, MN 55454