

Washington University

**STATEMENT OF PERSONAL RESPONSIBILITY AND  
ASSUMPTION OF RISK REGARDING PARTICIPATION IN  
WASHINGTON UNIVERSITY SUMMER LANGUAGE INSTITUTE IN ITALY**

I, \_\_\_\_\_, a student at Washington University in St. Louis (the "University"), wish to participate in the Summer Language Institute in Italy during May-June 2017 (the "Institute").

**1. Risks and Dangers of Travel.** I understand that participation in the Institute will involve travel to and from Italy, travel (with the group and independently) within Italy, and living in Italy. I am aware and fully understand that overseas travel involves certain inherent conditions, hazards, and risks which may result in loss or damage to personal property or illness or injury (including death). Those conditions, hazards and risks include but are not limited to air and ground transportation; housing and facilities; medical facilities and treatment; strikes; work stoppages; labor disputes of any kind; natural disasters; inclement weather; riots; terrorist activities or attacks; crimes; accidents, or illnesses. I further understand that the University cannot and does not assume responsibility for any of these conditions, hazards or risks or for any related personal injuries or property damage.

**2. University is not Insurer.** I understand that the University does not require that I or anyone else participate in the Institute. I understand that the University has no control over the laws, transportation, politics, or social or medical conditions I will encounter as part of my participation in the Institute. I further understand that it is not the task of students, faculty members or others participating in the Institute to serve as guardians of my safety, and that I am solely responsible for my own safety during my participation in the Institute.

**3. Medical Needs and Health Insurance.** I am aware of my own personal medical needs and represent that I am able to safely participate in the Institute. I have adequate health insurance coverage to meet any and all needs for payment of medical costs while participating in the Institute. I understand and agree that University does not have medical personnel available to participants during the Institute and cannot be and is not responsible for attending to any of my medical needs, that I assume all risk and responsibility therefore, and that if I must be hospitalized or otherwise receive medical care while on the Institute, the University cannot and does not assume legal responsibility for payment of such costs.

**4. Authorization for Emergency Medical Treatment.** I hereby grant the University, or any faculty member or fellow student acting on behalf of the University, permission to authorize emergency medical treatment, if necessary, and understand and agree that neither the University nor the person acting on behalf of the University assumes responsibility for any injury or damage that may arise out of or in connection with such authorization.

**5. Compliance with laws and behavioral standards.** I understand that the use or possession of any illegal drugs, including marijuana, can have very grave consequences, including arrest and imprisonment. I know that I am subject to local law and agree to obey all laws and ordinances of

jurisdictions where I may be during my participation in the Institute. I also understand that I am expected to behave in a manner consistent with the Washington University Judicial Code and all other applicable University policies. While violations of that Code may result in the filing of a complaint with the University Judicial Administrator, serious violations of that code (such as illegal drug use, alcohol abuse, or violent or threatening behavior towards others) will result in immediate expulsion from the Institute together with forfeiture of all fees paid and loss of all associated credits.

**6. Assumption of Risks.** Knowing the conditions, hazards and risks of my participation in the Institute, and in consideration of being permitted to participate in the Institute, I on behalf of myself and my family, heirs and personal representatives, agree to assume all the risks and responsibilities surrounding my participation in the Institute, and, in advance, release, waive, forever discharge and covenant not to sue University, its governing board, officers, agents, employees, students and volunteers (collectively, the "Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature whatsoever, which I may have or which may hereafter accrue, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me in connection with participation in the Institute. It is my express intent that this release and hold harmless agreement shall be deemed a release, waiver, discharge and covenant not to sue the Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my family arising out of my participation in the Institute.

**7. Financial Obligations.** I understand that the fee for the Institute covers only my tuition, room and board as specified in "Washington University Summer Language Institute in Italy May 12 - June 2, 2017," together with specific excursions and organized activities. The fee does not include plane fare, transportation to the two Institute locations, weekend travel expenses, or personal expenses, which are my own responsibility.

**8. Law; Forum.** I agree that this Release shall be construed in accordance with the laws of the State of Missouri, which shall be the forum for any lawsuits filed under or incident to this Release or my participation in the Institute. In the event any term or provision of this Release is found to be unenforceable or void, in whole or in part, the term or provision concerned shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this Release shall remain in full force and effect.

**9. Age.** I warrant that I am at least eighteen (18) years of age and fully competent to sign this Release; that I understand the terms contained herein are contractual and not a mere recital; that I have read this Release with full knowledge of its significance; and that I have signed this Release as my own free act.

**THIS IS A RELEASE OF LEGAL RIGHTS.  
READ AND UNDERSTAND BEFORE SIGNING.**

**ACCEPTED AND AGREED:**

\_\_\_\_\_  
\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
\_\_\_\_\_  
(Date)

\_\_\_\_\_  
\_\_\_\_\_  
(Printed Name)

**Statement of Parent or Guardian.** I am the parent or guardian of the abovenamed student. I have read and understood this Statement of Personal Responsibility and Assumption of Risk and join the student in accepting and agreeing to all of its paragraphs, on his or her behalf and for myself.

\_\_\_\_\_  
\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
\_\_\_\_\_  
(Date)

\_\_\_\_\_  
\_\_\_\_\_  
(Printed Name)