

## **Travel Waiver**

### **Castleton State College**

#### PLEASE READ ALL THAT FOLLOWS BEFORE SIGNING BELOW

Before traveling as part of the Castleton State College Program as indicated below, I understand and agree that travel, particularly foreign travel [if pertinent], presents risks to me and my property. These can include, but are not limited to, in addition to the risks inherent in any mode of transportation, unfamiliar and different climate, terrain, food and drink, customs and laws, social and sexual mores, safety practices and regulations, driving practices, disease risks, and available health care services. I understand that I am responsible for researching and evaluating the risks and I am responsible for my actions. Therefore, I agree to accept any and all risks associated with this travel program.

I agree that in partial consideration of Castleton State College's sponsoring of this program and permitting the student to participate, I will not attempt to hold Castleton State College, or the Vermont State Colleges, its Trustees, officers, agents, or employees liable in damages for any injury or loss to person or property that I might sustain while so participating; and I hereby release Castleton State College, or the Vermont State Colleges, its Trustees, officers, agents, or employees from any liability whatsoever for any personal injury or property damage directly or indirectly arising from or related to my participation in this travel program.

I understand that, as a participant in this Castleton State College travel program, I am a representative of the College and, by signing this agreement, pledge to deport myself in a manner that reflects favorably upon the College. I agree to comply at all times with all rules, standards, and instructions for student behavior as set forth in the Student Handbook of Castleton State College and issued by the College travel program leaders. I understand that I may be disciplined or dismissed from the program for behavior detrimental to the program or in violation of college rules and regulations or violation of any laws of the host country.

I understand that Castleton State College requires all students to be covered by appropriate medical and accident insurance and requires that I will be financially responsible for all medical expenses. I also understand that the College is not responsible for and does not insure against loss, theft, or damage to my personal property.

In the event that I am rendered unable to give my consent, I hereby authorize the program leader(s) to consent for me to any medical services and treatment as may be deemed by a licensed physician necessary or advisable for me for the duration of my incapacity or until the end of the travel, whichever is sooner.

By my signature below, I agree to this Waiver outlined above. I acknowledge that I have read the above and understand its meaning and effect. My agreement is wholly voluntary and without duress or coercion. I further understand that before signing this agreement I have the right to consult with an advisor, counselor, or attorney of my choice. I further certify that I am 18 years of age or older.

I further agree that if any provision of the above is held invalid, the invalidity shall not affect other provisions or applications of this Waiver which can be given effect without the invalid provisions or applications.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Student (print): \_\_\_\_\_ Date: \_\_\_\_\_

Name of Program: \_\_\_\_\_ Dates of travel: \_\_\_\_\_

Medical Insurance Number, Company, Expiration: \_\_\_\_\_

\_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Relation to you: \_\_\_\_\_

Address and Phone: \_\_\_\_\_

\_\_\_\_\_