** CHEYNEY UNIVERSITY STUDY ABROAD PROGRAM**

**WAIVER AND RELEASE AGREEMENT**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am a student of Cheyney University of Pennsylvania and have been granted permission to participate in the study abroad program in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ administered by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during the dates of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 In consideration for being permitted to participate in the Program, I hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **General Waiver and Release.** I release and forever discharge and hold harmless Cheyney University, the Board of Governors of the State System of Higher Education, the State System of Higher Education, the Commonwealth of Pennsylvania, and their affiliated organizations, directors, officers, employees, and agents, and their successors and assigns, from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my participating in the study abroad program and related activities, whether such liability, claims, or demands result from travel, from disease, consumption of food, or from civil unrest or otherwise. I understand and acknowledge that this Release discharges Cheyney University from any liability or claim against it with respect to any bodily injury, personal injury, illness, death, monetary loss, or property damage that may result from my participation in the study abroad program at Cheyney University. I understand that Cheyney University assumes no responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death, accident, monetary loss or property damage.
2. **Medical Treatment**. I hereby release and forever discharge Cheyney University from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me or to my dependents/companions in connection with an emergency or health problem during my participation in the study abroad program.
3. **Assumption of Risk.** I understand that my participation in the Cheyney University study abroad program may include activities and circumstances that may be hazardous to me, including, but not limited to, international travel, local transportation in the country of my travels, poor health conditions, inadequate medical treatment facilities, and other inherent dangers. I recognize that I may be traveling to and from locations that pose risks from terrorism, war, insurrection, or criminal activities. I understand that I assume the risk of being taken hostage and held for payment of ransom. I hereby expressly and specifically assume the risk of injury or harm in these circumstances.
4. **Complete Agreement.** This agreement represents my complete understanding with Cheyney University concerning the University’s responsibility and liability for my participation in the Program, supersedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without the University’s written concurrence.
5. **Severability.** I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable. I understand that any dispute concerning this Release or any aspect of my participation in the Cheyney University study abroad program shall be brought in the state or federal courts of Pennsylvania.

**Your signature below signifies that you have read and agreed to the waiver of liability terms set forth in this document.**

**Student Signature. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PARENT (If student is under 18 years of age) (please print)**

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**PARENT (signature) Date**