

**TEMPLE UNIVERSITY  
OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION  
ASSUMPTION OF RISK AND RELEASE FORM**

Name of Applicant \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
(month/day/year)

Permanent Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

**I. Personal and Academic Conduct**

I expressly acknowledge the right of Temple University to require the immediate withdrawal at any time, even overseas, of my participation in programs abroad sponsored by Temple University if I fail to meet the University's standard of scholarship and character and/or my actions or general behavior, in the sole discretion of the University, are determined to impede or obstruct the progress of the programs abroad sponsored by Temple University.

**II. Notification of Withdrawal**

I agree to notify Temple University in writing should I choose to withdraw from the program. Only that portion of my tuition and fees which has not been committed on my behalf at the time of my cancellation will be refunded to me. Any refunds are subject to Temple's receiving my notice of cancellation in writing. If I cancel before paying my tuition and fees, I acknowledge Temple University's right to bill me for financial commitments made on my behalf, and my responsibility for costs incurred.

**III. University's Right to Change Program**

I understand that although the University will attempt to maintain the Program as described in its publications and brochures, it reserves the right to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that neither the University, nor its trustees, employees, agents, subsidiaries or affiliates, shall be responsible or liable for any expenses or losses that I may sustain because of these changes.

**IV. Acknowledgment**

I understand and acknowledge that despite the most careful planning and supervision, serious injuries may occur during any travel and that during my travel I may sustain mortal or serious personal injuries, property damage or severe economic or other loss as a consequence of not only my own actions, inactions or negligence, but the actions, inactions or negligence of others. I am aware of the possible dangers and difficulties of travel including, but not limited to, those dangers and difficulties caused by inclement weather conditions, conditions of equipment used, sanitation, political unrest, and differences in international laws. Furthermore, I am aware of the possible risks in receiving medical care in a foreign country and that there may be other risks not known to me or not reasonably foreseeable at this time. I understand that I will receive from Temple University information about the country and/or region I am going to, including U.S. State Department consular information sheets issued to date which might contain information about inherent dangers and difficulties specific to the country or region I am going to, and I will familiarize myself with this information.

**V. Acceptance of Risk and Release**

I agree that in consideration of being permitted to participate in the Program, on behalf of myself and my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my application to or participation in the Program. I hereby release and indemnify Temple University, its trustees, employees, agents, subsidiaries or affiliates from and against any present or future claim, loss of liability for injury to person or property which I may suffer (including death), or for which I may be liable to any other person, which may arise as a result of my application to or participation in the Program (including periods in transit to or from any country where the Program is being conducted and any field trips that occur in the Program).

**VI. Health and Accident Insurance**

I specifically agree and understand that Temple University does not provide any form of health, accident or liability insurance in connection with the study abroad program. I understand that I am required to have health insurance and that all such insurance is my sole responsibility. No costs for such insurance premiums will be reimbursed by Temple University. I recognize that the University is not obligated to satisfy any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care in a foreign country or in the United States during the Program, Temple University, its trustees, employees, agents, subsidiaries or affiliates will not be responsible for the cost or quality of such treatment or care.

**VII. Other Legal Issues**

I have carefully read this Assumption of Risk and Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement represents my complete understanding with the 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 my and the University’s written concurrence.

I represent that my agreement to the provisions herein is wholly voluntary and further understand that, prior to signing this agreement, I may consult with the advisor, counselor, or attorney of my choice.

I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all the remaining provisions of the agreement will remain in full force and effect.

I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law such adjudication will occur in the courts of, and will be determined by the laws of, the Commonwealth of Pennsylvania.

**Name of Applicant** \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_