

**WAIVER AND RELEASE AGREEMENT FOR USE PRIOR TO PARTICIPATION IN ONE OR MORE
SHORT-TERM UNIVERSITY-APPROVED EDUCATIONAL ACTIVITIES OUTSIDE RUTGERS OR ITS
AFFILIATES**

This is a release of legal rights – read and understand before signing.

I am a student at Rutgers, The State University of New Jersey (University") and may, during my enrollment at the University, participate in one or more educational or other related programs ("Program(s)") outside the University or its affiliates. In consideration for being permitted to participate in Program(s), I agree to the following:

1. I have secured, or will have secured before commencing the Program, health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. In addition to and separate from the requirement for me to carry health insurance, if studying outside the U.S., I understand that I must be covered by insurance for medical evacuation and repatriation. Medical and repatriation insurance may be provided through my health insurance coverage, by my independently obtained travel insurance or by travel insurance which may be obtained on my behalf by the University. I acknowledge that the University has provided me with information concerning any insurance engaged by the University on my behalf and concerning the availability of such commercial insurance for my purchase. By my signature below I certify that I have confirmed that my health care coverage will adequately cover me while outside of my area of residence or, if applicable, outside the United States, and hereby release the University, its officers, employees, faculty and agents from any responsibility or liability for expenses or damages incurred by me for injuries or illnesses (including death) that I may incur, including any expenses or funds that may be advanced by the University, or by an insurer covering my travel, to facilitate my safety or wellbeing. By way of example, an international travel insurer, such as International SOS, may advance funds to me to allow immediate medical treatment. Those funds may be charged to the University, and I agree to reimburse the University for the full amount. I agree to be personally responsible for seeking any available reimbursement from my health insurance provider and to be solely responsible for any costs not covered by my health insurer due to deductibles, co-payments, uncovered services or any other reason whatsoever. If I am an employee of Rutgers, I agree to allow the University legal authority to withhold from or garnish my future wages in the event of any such costs. (Please consult the Office of Student Affairs for current travel insurance information.)
2. I hereby authorize Rutgers to approve payment by any international travel insurer for overseas medical, dental or other offered services, on my behalf, in the event of an emergency.
3. I understand that all Program(s) institutions or agencies are independent operators and not sponsored by or affiliated with the University in any manner. Notwithstanding any agreement by the University to award academic credit for the course of study I undertake, the University has not required me to participate in the Program(s) in any way, and my academic progress at the University will not be adversely affected if I decide not to participate. I understand that the University has not undertaken any kind of control or supervision over any Program(s) institution, my Program(s) of study, my itinerary, obtaining/maintaining the appropriate documents (passport/visa) for travel outside of the US, travel arrangements or accommodations.
4. I understand that there are unavoidable risks in travel, lodging and living away from home, including the risks of transportation, foreign political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions and other unanticipated risks. Knowing these risks, and in consideration of being permitted to participate in the Program(s), I hereby release and waive, on behalf of myself, my family, heirs and personal representative(s), any claims or potential claims whatsoever for any and all liability for harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature that I may have or that may accrue to me, arising out of or related to my participating in any Program(s). I further agree to save and hold harmless the University, its officers, employees, faculty and agents, from any claim made by me or my family or personal representative(s) arising out of and my participation in any Program(s) and any travel I undertake in connection with it.
5. I will become informed of any recommendations or advisories issued by any United States governmental entity as to the risks of travel to and within my Program(s) location. I will enroll in the State Department's "Smart Traveler Enrollment Program (STEP)" at <https://travelregistration.state.gov/ibrs/ui>. This program allows me to enter information about the trip so the Department of State can assist me in an emergency and provide me routine information from the nearest US embassy or consulate. I will have the U.S. Department of State Citizens Emergency Center Assistance to Travelers phone number readily available and accessible when in the foreign country: (202) 647-5225. If notification of the local U.S. Embassy is suggested by the Department of State website, I agree to maintain such notification of my local contact information and any other suggested data.

6. I understand that each state and foreign country has its own laws and standards of acceptable conduct, and recognize that behavior which violates those laws or standards could harm the University, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for the location of any Program(s) and will assume the risk of any legal problems I may encounter with any government or controlling administration. The University is not responsible for providing any assistance under such circumstances.
7. I understand that I am required to monitor the U.S. Department of State and Centers for Disease Control websites for travel warnings, alerts or travel health warnings concerning any location in which I have obtained approval to participate in a Program. If a travel warning, alert or travel health warning is issued, I agree that I will immediately advise the University and that the approval will be revoked.
8. I understand that the University may engage travel insurance coverage which will provide assistance to me related to my safety and security while on international travel. I agree that I will acquaint myself with the coverage and assistance offered. I agree that, if such travel insurance is in force, I am required to register requested information on the insurer's student travel information form so that the insurer and the University may locate and assist me in case of emergency occurring during my travels. (Please consult the Office of Student Affairs for current travel insurance information.)
9. I agree that should any provision or aspect of this agreement be found to be unenforceable, all remaining provisions of the agreement will remain in full force and effect.
10. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this Release, I have the right to consult with the advisor or attorney of my choice.
11. I agree that, should there be any dispute concerning my participation in any Program(s) that would require the adjudication of a court of law, venue will lie in Essex County, New Jersey and that the laws of the State of New Jersey will govern.
12. This agreement represents my complete understanding with the University concerning the University's responsibility and liability for my participation in any Program(s), including any number of Program(s) I may undertake during my enrollment, and that it 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 written concurrence.
13. I represent that I am at least eighteen years of age, or, if not, that I have secured below the signature of my parent or guardian as well as my own.

I HAVE CAREFULLY READ THIS RELEASE FORM BEFORE SIGNING IT.

Student Signature Date

Student Name (printed)

School Official Signature Date

School Official Name (printed)

Parent or Guardian Signature Date
(if applicable)

Parent or Guardian Name (printed)