



**SANTA CLARA UNIVERSITY REQUIRED FORM #1: SCU WAIVER  
INFORMED CONSENT, ACCEPTANCE OF RISK AND RELEASE OF  
LIABILITY FOR PROGRAMS ABROAD**

Name of Program Abroad \_\_\_\_\_

Sponsoring Department/School \_\_\_\_\_

By signing below, I hereby acknowledge that I have voluntarily decided to participate in the above referenced program abroad.

**INFORMED CONSENT:** I have been informed and am confident that I understand the various aspects of this program abroad including, but not limited to, the arrangements for finances, accommodations, travel, itinerary and logistics. I further understand and acknowledge that despite careful planning and supervision, serious injuries might occur. Persons involved may sustain fatal or serious injury, property damage, or severe social and/or economic loss as a consequence of not only their own actions, inactions, or negligence, but the actions, inactions, or negligence of others, weather conditions, conditions of equipment, language barriers, and differing social cultures. There may also be other risks not known to me or not foreseeable at this time.

**ACCEPTANCE OF RISK AND RELEASE OF LIABILITY:** I accept full responsibility for the foregoing risk of injury, permanent disability or death. In consideration of the opportunity to participate in this program abroad I release and discharge Santa Clara University, its Trustees, officers, employees, and agents (hereinafter collectively referred to as "University") from all liability defined herein arising out of or in connection with my participation in the above described program. For the purpose of this Agreement, liability means all claims, demands, causes of action, suits or judgments of any kind (including court costs and attorney's fees) that I, my heirs, executors, administrators, assignees, or any other person or entity may have against the University because of my death, personal injury, illness, or for loss arising out of the sole negligence or willful misconduct of the University. I hereby agree that this Agreement shall be construed in accordance with the laws of the State of California.

**INDEMNIFICATION:** I agree not to sue the University and hold harmless, defend, and indemnify the University from any and all liability as described above that may occur due to my participation in this program.

**PARTICIPANT AGREEMENT:** I understand that University policies as detailed in the Student Handbook extend to University-sponsored events and programs off-campus including, but not limited to, Eligibility for Participation. I agree to accept all the rules and requirements of the program abroad and to follow instructions when given by a University or program official. I acknowledge that as an adult I am responsible for my actions and cannot expect twenty-four hour supervision by a University or program official. I understand and agree that University shall not be responsible for any activity outside the scope of the program as planned, including, but not limited to, personal travel and activities. I further grant the right to the University or any program official to terminate my participation in the program if it is determined that my conduct is detrimental to the best interest of the group. In the event that I must return home, costs shall be at my own personal expense.



**MEDICAL CONSENT:** In the event of any medical emergency, I authorize and consent to medical treatment that may be deemed necessary for my safety and protection. Before departure, I will inform the University of any physical or mental conditions that may adversely affect full participation in the program. I hereby confirm I am covered by medical insurance that will pay for medical services received in the area(s) to which I am traveling and for the period of the program abroad. I agree to be solely responsible for any medical, health, or personal injury costs relating to participation in this program abroad. University is not responsible for any costs or bills related to injury or illness during this program abroad.

**HEALTH REPORT AGREEMENT:** I certify that all responses made on my **Santa Clara University Required Form #2: SCU Health Report** are true and accurate to the best of my knowledge. I agree to notify the program coordinator of any relevant changes in my health that occur prior to the start of the program or while on the program off-campus. I understand that the stress of navigating a new culture may require me to manage my health in new ways during the program and that I am responsible for initiating and accessing resources available to support me while off-campus. I understand that it is my responsibility to work with my Program Coordinator to identify an appropriate program off-campus in keeping with my documented needs. I understand that I should discuss with my medical professional the potential implications for my on-going medications and any new medications required abroad. I understand that it is my responsibility to determine how to bring or obtain my regular medications while on the off-campus program and that if my program is outside of the US I should refer to the embassy information for the country(ies) in which I will travel to determine whether my medications are legal and what quantities I may bring. I understand that I should bring medications in their original packaging in my hand luggage and that I should bring a copy of the prescription.

**PHOTO RELEASE AGREEMENT:** I grant to Santa Clara University permission to copyright, use, reuse, publish and republish any photograph/video submitted by me or taken of me by the University or those commissioned by the University. This right applies to any reproductions in any form (including, and without limitation, electronic form) used alone, in a composite or with any printed matter or advertising copy, for any purposes of trade, advertising, publicity, promotion or education, without restrictions or limitations. I release Santa Clara University and its agents from liability resulting from any distortion, blurring, alteration, optical illusion or placement in a composite, intentional or otherwise, which may occur in the taking, processing, reproduction, publication or distribution of such photo(s). I waive the right to approve the photos or usage.

**I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE OF ALL LIABILITY AND UNDERSTAND THE TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I EXECUTE THIS AGREEMENT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

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**Printed Name of Adult Participant**

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**Signature of Adult Participant**

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**Date**