

**HEIDELBERG UNIVERSITY OFF CAMPUS PROGRAM
RELEASE OF LIABILITY, ASSUMPTION OF RISK, INDEMNIFICATION STATEMENT**

(An individual must complete this form for each off campus program in which he or she participates and return the form to the Office of the Dean of Student Affairs.)

The undersigned hereby releases Heidelberg University, (the "University") its agents, officers and employees from all responsibility and any liability for any injuries, illness and/or loss which may result from or arise out of, or be connected with my participation in event: _____ To location: _____ from date _____ through date _____.

This Release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated, and unsuspected injuries, damages, loss and liability, and the consequences thereof. The provisions of any State, Federal, Local or Territorial law or statute providing in substance that releases shall not extend to claims, demands which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived.

In signing this release I acknowledge that any travel may be dangerous and may result in harm to me and my property. I voluntarily accept and assume these risks and dangers and release Heidelberg University from all responsibility and any liability for any injuries and/or damages, which may result from my decision to participate in this program.

I further promise, covenant and agree not to bring, commence, prosecute or maintain, or cause or permit to be brought, commenced, prosecuted or maintained, any suit or action, either at law or in equity, in any court in the United States or in any State thereof, or elsewhere, against Heidelberg University, its agents, officers and/or employees for personal injury, property damage or any other type of loss, arising out of, or in any way connected with my participation in said program.

I also agree to indemnify and hold harmless Heidelberg University, its agents, officers and employees from all liability, claims, demands and damage or cost, arising out of my participation in said program.

I authorize university personnel or representatives to approve emergency medical treatment for myself in the event of injury or illness during my participation in the program. I represent and warrant that I am and will be covered throughout the program by a policy of comprehensive health and accident insurance which provides coverage for injuries and illnesses I sustain or experience while in the program and, more specifically, in the countries in which I will be living and/or traveling while on the program.

I understand and agree that this release is binding on me and my heirs, executors, administrators, personal representatives and next-of-kin.

My signature denotes my understanding of, and agreement with, this statement and its implications.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, 20____.

Printed Name of Program Participant

Signature of Program Participant

Address

Signature of Parent/Guardian, if under 18 years of age

Phone

Witnessed by:

Emergency Contact #1:

Emergency Contact #2:

Name _____

Name _____

Relationship _____

Relationship _____

Phone # _____

Phone # _____



Medical History/Emergency Contact Form

Name _____

Date of birth: _____ Age _____

Insurance Company: _____

Group number: _____

Policy number: _____

Primary physician: _____

phone: _____

Other professional care persons:

(1) Name _____

(2) Name _____

specialty _____

specialty _____

phone _____

phone _____

Drug allergies _____

What happens? _____

Food allergies _____

What happens? _____

Other allergies _____

What happens? _____

Medications (name, dosage, frequency)

Medical problems/conditions

Surgeries

