

WAIVER AND RELEASE AGREEMENT FOR CALVIN COLLEGE OFF-CAMPUS STUDY PROGRAMS

In consideration of Calvin College (the 'College') allowing me to participate in a College off-campus program ('the Program') in _____, I hereby agree and represent that:
(location)

1. I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. I am or will become familiar with my insurer's conditions and procedures for making a claim. By my signature below I certify that my health care coverage will adequately cover me while outside of the United States, or if the Program is in the United States, will adequately cover me in that location. I hereby release the College, and its employees and agents, from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) that I may incur because of those injuries or illnesses.

2. I grant Calvin College or any of its agents full authority to take whatever action they feel is warranted regarding my health and safety and that they may arrange medical treatment for me at my expense and that, if deemed to be necessary by the program leader and local medical authorities, I will be flown back to Grand Rapids, Michigan, or if medically warranted, to my home, or designated medical facility, at my own expense, for further medical treatment.

3. I understand that, although the College will attempt to maintain the Program as described in its publications and brochures, it reserves the right, for programmatic, political, or other reasons, to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice.

4. I understand that this is a supervised program and I agree to uphold individual and group standards set forth by the College. I understand that the College has the right to dismiss me from the Program at any time should my actions, overt or covert, in the sole discretion of the College, be determined to impede or obstruct the progress of the Program, or violate the individual and group standards set forth by the College. The costs associated with my dismissal will be my responsibility.

5. I understand that although the College will make reasonable efforts to assure my safety while participating in the Program, there are unavoidable risks in travel abroad or in other parts of the United States. I, on behalf of myself and my estate, hereby release and promise not to sue the College, or its employees and agents, for any damage or injury (including death) caused by, derived from, or associated with my participation in the Program, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the employees or agents of the College. I further agree that in the event anyone else files a claim against the College, its employees or agents arising from damages or injuries (including death) to me, I and/or my estate agree to indemnify and hold harmless the College, its employees and/or agents.

6. 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.

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

8. 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 be determined by the laws of, the State of Michigan. Any such claims will be filed in the Kent County Circuit Court. Students who make claims against the college in a court of law may have to indemnify the College for costs to the College arising out of such a claim.

9. This agreement represents my complete understanding with the College concerning the College's responsibility and liability for my participation in the Program. It supercedes any previous or contemporaneous understandings I may have had with the College on this subject, whether written or oral, and cannot be changed or amended in any way without written concurrence by me and by an authorized agent of Calvin College.

10. 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.

11. I give my permission for information to be exchanged between Off-Campus Programs and the following departments: Student Life, Judicial Affairs, Academic Services, Broene Counseling Center and its agents. As witnessed by my signature below, I understand that I am giving my permission to the above-named providers to disclose confidential health care records or information pertaining to my care. I understand I have the right to revoke this consent, but that such revocation requires me to inform in writing the persons or parties listed above. A copy of this consent and notation concerning the person or agencies to whom disclosure was made shall be included with my original records. The persons or parties who receive information or records pertaining to this release may not re-disclose them to anyone else without my separate written consent unless such recipient is a provider who makes a disclosure permitted by law. This consent expires one year from date of signature.

_____ Date: _____
Signature

Printed Name