

# **Release for Calvin College Off-Campus Study Programs Visitors**

## Legal waiver

In consideration of Calvin College (the 'College') allowing me to visit a College off-campus program and to participate in its program activities (within the restrictions set forth in the policies of Calvin College's Off-Campus Programs Office), I do voluntarily and without reservation and on behalf of myself, my heirs, and estate, and my successors and assigns, now and forever, fully and finally, waive, release and discharge the College and all of its employees, trustees, officers, administrators, agents, successors and assigns (collectively, the 'Released Parties') from and against any and all liabilities, claims, actions, causes of action, demands, damages, costs and expenses, of whatever kind and nature, which the undersigned's participation in an off-campus program activity, including, but not limited to, those claims or injuries arising from governmental action, war, insurrection, strikes, quarantine, acts of God, weather or sickness; from airline, railroad, bus, automobile or other transportation; or from hotel, sight-seeing or any services of a transporting company, firm, individual or agency. The undersigned represents that he or she has read and understands the terms of this release and is relying on his or her own judgement in signing and agreeing to this release.

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 instructor and local medical authorities, I will be flown back to Grand Rapids, Michigan, or, if medically warranted, to my home, at my own expense for further medical treatment.

I have medical insurance that covers me while outside my country of residence and in the country in which the program is held.

\_\_\_\_\_ Date \_\_\_\_\_

Signature

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Student hosting this visitor

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TO BE FILLED OUT BY PARENT IF VISITOR IS A MINOR

I, \_\_\_\_\_, as parent of \_\_\_\_\_,  
do acknowledge and permit my son/daughter to visit Calvin College's program in  
\_\_\_\_\_ and agree to the conditions of the legal waiver  
(above) signed by my son/daughter.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Printed or typed name of parent: \_\_\_\_\_