



AGREEMENT AND LIABILITY WAIVER

PART I: AGREEMENT FOR PARTICIPATION

I, _____ a student at Santa Reparata International School of Art (herein after "SRISA"), hereby agree as follows:

- 1.) I will comply with SRISA's student conduct regulations throughout the duration of my participation in the program. I agree that the Director of SRISA shall have the right to enforce appropriate standards of behavior and that I may be dismissed from SRISA at any time for failure to comply with such standards.
- 2.) I understand that while I am in a foreign country, I will be subject to the laws of that country. I agree to comply with those laws, as well as with the regulations of SRISA, including refraining from using, possessing or selling any illegal drugs. I understand that being charged with any infraction of the laws of the host country, including possession of any illegal drugs is grounds for immediate expulsion from SRISA, without refund.
- 3.) I understand and acknowledge that there are inherent health risks associated with traveling abroad. I understand that I am required to have an insurance policy that covers medical services and treatment during the period of study at SRISA. I agree that I am personally responsible for obtaining all health information, instruction, medical procedures, immunizations, and medications appropriate to my intended travel. I further agree that if I become incapacitated, SRISA, through its agents and employees, may take whatever action is deemed necessary with respect to my health and safety, and I release them from any liability for such actions. I authorize SRISA, its agents and employees, at their discretion, to place me for medical treatment at my expense.
- 4.) SRISA strongly discourages students from operating vehicles while participating in its programs, due to the inherent dangers of driving in a country with different traffic laws and regulations, driving habits, and regulations relating to insurance. If, however, I decide to operate a motor vehicle, SRISA assumes no financial responsibility for legal aid or for my care if I am involved in a violation or an accident.
- 5.) I understand that SRISA is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any SRISA supervised activities.
- 6.) I understand that I am responsible for my welfare while abroad. I authorize SRISA, its agents and employees, to contact my parent or guardian, or designated contact person, as indicated in my Emergency Contact Information, in connection with my general welfare abroad.

PART II: AGREEMENT AND RELEASE FORM

I _____ understand that, although SRISA has made reasonable efforts to provide for my safety while participating in its programs and activities, there are unavoidable risks in foreign travel, and I may subject myself to dangers over which neither SRISA, its agents nor its employees, have any control. These dangers might include, but are not limited to, airline and motor vehicle accidents, criminal behavior or negligence by others, health problems, theft, etc. I hereby acknowledge that I have applied and choose to participate in SRISA and voluntarily engage in activities of the programs conducted by SRISA. I hereby acknowledge my awareness that my participation in SRISA and its programs may involve the risk of injury to my person and property. These may include, but are not limited to the following: bodily injury, death, property damage, etc. I voluntarily accept all risks of property damage and bodily or personal injury arising as a result of participation in SRISA or travel in the host country or region. Being fully aware of the possible risks and consequences of my voluntary participation in SRISA, I hereby agree to forever hold harmless SRISA and each of its officers, Board of Directors, the members individually, agents, and employees. I further covenant and agree I will not sue SRISA and each of its officers, Board of Directors, the members individually, agents, and employees. This agreement and release shall also be binding on my heirs, assignees, successors, and all other persons who may claim through me. I have read and understand the terms set forth in Parts II, and I and accept the terms and conditions.

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____