



### **FOREIGN TRAVEL WAIVER AND RELEASE FROM LIABILITY**

(MUST BE SIGNED BY THE PARTICIPANT, AND ALSO BY A PARENT/GUARDIAN IF THE PARTICIPANT IS UNDER AGE 21)

1. I acknowledge that travel to foreign countries may involve many risks, which may or may not be foreseen or reasonably foreseeable, and which may not normally be associated with travel in the US, including, but not limited to terrorism, diseases, search and/or seizure of property by customs or other governmental authorities, personal liability, risk of personal injury to me including disability or death, loss or damage to property belonging to me and others, differing customs and legal requirements.
2. I understand that the social, cultural, political, religious, governmental, health care, legal (both civil and criminal) and other systems, as well as the geophysical characteristics, of foreign countries may be different, in subtle and/or significant ways, from those in the United States. For example, behavior that is considered normal or acceptable in the United States, may be illegal or socially or culturally unacceptable or offensive outside the United States and may result in penalty, fines or imprisonment. I understand that police, fire and other governmental systems may be inadequate by U.S. standards in certain countries, and that the quality and availability of health care may be very different than what is typically available in the United States. Finally, I am aware that certain activities carry increased levels of risk by their nature (for example strenuous physical activity, sea travel, etc.).
3. I understand that Teaching Adventures Abroad is not responsible for my safety and knowingly and voluntarily agree to assume any and all risks associated with participation in the above-described travel opportunity (the "Program"). I also acknowledge that my participation in the Program is optional and that my participation would not have been permitted without this waiver and release.
4. To the maximum extent permitted by law, I release Teaching Adventures Abroad, its Owner, officers, faculty, employees, representatives, agents, or anyone accompanying this Program, in their official and individual capacities (collectively, the "Business") from, and agree not to sue the Business for, any and all claims and causes of action for loss of or damage to property, bodily or personal injury, loss of companionship or support, or death sustained by me or third parties arising out of any activity or travel associated with my participation in the Program.
5. I agree to defend, indemnify and hold harmless the Business for any and all losses, expenses, claims, judgments and liabilities (including attorneys' fees) of any nature arising out of, or in consequence of, my acts, words, conduct, etc. in connection with the Program including, but not limited to, damage to property, any injuries or death sustained by any person(s) as a result of my actions or inactivity. I further understand that nothing stated herein shall relieve me from my obligation to uphold and support all rules and regulations for participation in the Program, as set forth by the Business.
6. I have reviewed applicable current travel advisories issued by the U.S. Department of State and the Center for Disease Control relating to all foreign destinations listed above. I acknowledge that the Business' policy forbids travel to areas subject of State Travel Warning.
7. I am in good health, have no physical conditions that affect my ability to travel and/or participate in any of the activities involved in the Program, and have not been advised otherwise by a medical practitioner. The Business is in no way responsible for any accident or health costs or medical care.
8. I grant to the Business full authority to take whatever action it deems is warranted under the circumstances regarding my health or safety in connection with my participation in this Program, including the provision of any emergency first aid, medication, medical treatment, or surgery deemed necessary by medical personnel. This authority will permit the Business, at its discretion, to place me, at my own expense, in a local hospital for medical services and treatment, or, if no hospital is available, to place me in the hand of a local medical doctor for treatment. I also authorize medical personnel to execute any documents relating to medical attention and to



act on my behalf, if I am unable to do so.

9. I agree that at all times I will follow the directions of the Business personnel accompanying the Program in all matters related to my participation in the Program. The Business reserves the right to suspend or terminate my participation in the Program for failure to maintain the standards of the Business or if it be deemed that my acts, words or conduct are detrimental to, or incompatible with, the interests, purpose or welfare of the Program or of the Business. This suspension or termination will in no way entitle me to a refund for any unused portion of the cost of the Program.
10. 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 adviser, counselor, or attorney of my choice.
11. This agreement represents my complete understanding with the Business concerning my participation in the Program, supersedes any previous or contemporaneous understandings I may have had with the Business on this subject, whether written or oral.
12. This Waiver is a legally binding agreement and will be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. Any provisions found to be void or unenforceable shall not affect the validity or enforceability of any other provisions.
13. This Waiver may be executed in counterparts, including facsimile signatures, and all such counterparts shall constitute one agreement, binding upon all parties hereto.
14. I have read this document and I understand its content. I understand that by signing below, I have given up substantial rights. I have voluntarily signed this release.

Print Name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Print Name of Parent/Guardian (if applicable) \_\_\_\_\_

Signature of Parent/Guardian (if applicable) \_\_\_\_\_