LOYOLA UNIVERSITY OF CHICAGO
Assumption of Risk and Release Form for Study Abroad Programs

Loyola University of Chicago
Office for International Programs
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Loyola University of Chicago ("LUC") offers students the opportunity to enroll in overseas Study Abroad Programs. Certain potential risks to personal health and safety are associated with international travel and living in a foreign country. A student should not participate in a Study Abroad Program unless the student understands and is willing to accept the associated risks. LUC cannot guarantee the health and safety of participants in a Study Abroad Program or eliminate all risks from Study Abroad Program environments.

Please read, sign and return this form before the pre-departure orientation for the Study Abroad Program described below. A student who fails to return this form will not be allowed to participate in the Study Abroad Program described below.

In connection with the <Insert program name here> Study Abroad Program, lasting from _____ until ______, at __________, located in <City, Country> (the “Program”), I, ________________________________, having an LUC identification number of _______________, have reviewed this Assumption of Risk and Release Form for Study Abroad Programs (this “Release”) and understand and agree to the following terms and conditions:

- **Risks of Study Abroad:** I understand and agree that there are certain risks associated with international travel to and living in a foreign country and that LUC cannot control these risks. These risks may include, without limitation, personal and/or bodily injury; property loss or damage; death; potentially serious health and safety hazards (such as transportation incidents, accidents, storms, floods, earthquakes and other natural disasters); infectious diseases; inadequate medical care and remote access to medical treatment; food or beverage contamination; armed insurrections; terrorist activities; kidnapping; and criminal activity. International air travel may also involve travel rerouting, interruption and delays, increased security checks and additional air passenger restrictions. I have considered all of these risks, made my own inquiry and investigation, and voluntarily agree to assume them.

- **Rules, Policies, Regulations and Guidelines:** I understand and agree to abide by any applicable rules, policies, regulations and guidelines of LUC and the Program, including without limitation LUC’s Community Standards, which can be found on LUC’s web site. LUC, through LUC’s authorized representatives, has the authority to establish any rules, policies, regulations and guidelines necessary for participation in the Program. If I violate any rules, policies, regulations and guidelines, I will be subject to disciplinary action, which may include, without limitation, dismissal from the Program. I acknowledge and understand that I will be subject to any sanctions enforced by LUC or a Program director, if I am not in compliance with any rules, policies, regulations or guidelines.

- **Local Laws and Customs:** As a visitor to a foreign country, I will be subject to the local laws and customs of that country. I understand that local laws and customs may vary from the laws and customs in the United States and that local laws and customs may vary between foreign countries that I may visit as part of the Program. I agree to respect and adhere to the laws and customs of all countries I may visit as part of the Program, and I understand that the intentional violation of or disrespect for those laws and customs may result in my dismissal from the Program. I agree to learn about and research the countries I am visiting in order to become familiar with their respective laws and customs. I understand that it is essential that, as a participant in this Program, I respect the norms of conduct and patterns of behavior that may be different from standards at home. I will take the responsibility to become aware of health and safety concerns, including without limitation working with any local Program director to become aware of such concerns. I acknowledge that violations of local laws and customs are referred to and handled by the appropriate local law enforcement authorities and may have legal ramifications with consequences beyond the control of LUC representatives and the U.S. government.

- **Insurance Coverage:** I understand that I am required to have medical insurance that covers me internationally for the duration of the Program and that includes coverage for expenses related to sickness, injury, medical evacuation, accidental death and repatriation. I agree to enroll in any international insurance plan that LUC may require for students participating in any Study Abroad Programs. I assume responsibility for any limitations in my health insurance plan. I understand that certain Programs require that I provide actual proof of international health insurance, and I agree to provide such actual proof in the event the Program has such a requirement.

- **Medical Treatment:** I am aware of all my physical and mental health conditions and needs. I have consulted with a health care professional with regard to my physical and mental health conditions and needs. There are no physical or mental health-
related conditions, needs or other issues or problems that preclude or restrict my participation in the Program. I recognize that
LUC is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefor. If I
require medical treatment or hospital care in a foreign country or in the United States during the Program, LUC is not
responsible for the cost or quality of such treatment or care. I understand that medical treatment may be unavailable or may be
different from that in the United States, and I further acknowledge that my medical care in the United States and abroad is not
under the control or direction of LUC. I understand that on rare occasions an emergency may develop that necessitates the
administration of medical care, hospitalization or surgery. LUC may (but is not obligated to) take any actions LUC considers to
be warranted under the circumstance regarding my health and safety, including sending me home from the location of the
Program. I agree to pay all fees, costs and expenses relating thereto and release LUC from any liability for any actions or
inactions.

- **Academic Agreement:** I have thoroughly read the terms included in any LUC academic agreement for Study Abroad students
applicable to the Program and understand its contents.

- **Use of Illegal Drugs, Violent Behavior or Sexual Harassment and Misconduct:** I understand that use of illegal drugs,
violent behavior and/or sexual harassment and misconduct during the entire period of the Program is strictly prohibited. I
understand that conduct of this nature or any other offensive conduct or conduct disruptive to the Program may result in
removal from the Program, as well as any ramifications for violating the laws of the foreign country I’m visiting.

- **Orientation:** I understand that I am required to attend all orientations and pre-departure meetings. I understand that it is my
responsibility to make arrangements to attend these orientations and meetings. I am responsible for understanding and
complying with the content of any pre-departure and orientation materials.

- **Post-Program Evaluation:** I understand that I am required to complete and submit a Study Abroad questionnaire for purposes
of evaluating the Program.

- **Fees, Costs and Expenses:** I understand, recognize and agree that there are, and that I am fully responsible for, all fees, costs,
expenses and other payment obligations of or relating to my travel to or participation in the Program, including without
limitation any LUC administrative fees for the Program. Neither LUC, LUC’s affiliates nor any of their respective trustees,
officers, agents or employees shall be responsible for any fees, costs, expenses or other payment obligations of or relating to my
travel to or participation in the Program. I agree and understand that if for any reason I am unable to participate in the Program,
neither LUC, LUC’s affiliates nor any of their respective trustees, officers, agents or employees is responsible to me for any
amounts I have expended in connection with the Program.

- **Credit for the Program:** To the extent applicable to the Program, I understand that credit for this Program may not be
guaranteed and that I may be required to meet with LUC representatives of the Program to determine whether earning credit
during this Program is an option. I understand that whether or not I earn credit, this Program is considered an academic
experience, and I am responsible for Program attendance at classes and scheduled trips and for the completion of assigned
work. Failure to participate fully in the Program may constitute academic misconduct and result in removal from the Program.
I understand that if this Program is for academic credit, I have been offered alternative means of attaining the desired academic
credits.

- **Program Changes:** I understand that LUC reserves the right to make cancellations, substitutions or changes in case of
emergency or changed conditions or in the interest of the Program.

- **Institutional Arrangements:** I understand that LUC does not represent or act as an agent for, and cannot control the acts or
omissions of, any Program host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods
and services involved in the Program.

- **Liability Insurance:** To the extent applicable to the Program, I understand and recognize that any professional liability
insurance that LUC has procured on my behalf in connection with my participation in the Program does not cover claims that
are litigated in a jurisdiction that is outside of the United States or its territories, possessions, or commonwealths, Puerto Rico or
Canada (an “Uncovered Jurisdiction”). Therefore, any such professional liability insurance that LUC has procured will not
cover a claim that is filed and/or litigated in an Uncovered Jurisdiction.

- **Travel Advisories and Warnings:** I am aware of, have reviewed and agree to comply with all current and applicable guidelines,
notices, advisories, warnings, precautions and other materials that are relevant to the location of the Program and that are: (A)
issued by the Centers for Disease Control and Prevention (“CDC”) (including without limitation all current and applicable CDC
Outbreak Notices/ Travel Heath Precautions and all other current and applicable materials listed on the CDC’s official website);
and (B) issued by the U.S. State Department (the “USSD”) (including without limitation all current and applicable materials
listed on the USSD’s official website). In the event the CDC and/or the USSD issues a Travel Advisory or Warning, or any comparable advisory or warning is issued, I understand that I may be required to leave the foreign country in which I am traveling or living in connection with my travel to and/or from the Program and/or participation in the Program. Without limiting anything in this Release, I am aware of the Zika Virus as reported by the CDC (including without limitation all current and applicable CDC Outbreak Notices/ Travel Health Precautions and all other current and applicable materials listed on the CDC’s official website with respect to the Zika Virus).

- **Governing Law and Severability:** I understand and acknowledge that this Release will be governed by and construed in accordance with the laws of the State of Illinois, without regard to any choice of law rules thereunder. If any part of this Release is held to be invalid or unenforceable, the remainder of this Release shall remain in full force and effect.

- **Assumption of Risk and Release of Claims:** In consideration of being approved to enroll and participate in the Program, on behalf of myself, my heirs, successors and assigns:

  (A) I voluntarily and willingly choose to participate in the Program, I have objectives that I believe justify the risks associated with the Program, and I further agree to voluntarily assume all risks of all injuries, losses, damages, death, accidents, delays or expenses (“Losses”), including without limitation those set forth in this Release;

  (B) I hereby waive, release, hold harmless and indemnify LUC, LUC’s affiliates and their respective trustees, officers, agents and employees from and against all claims, liabilities, rights, causes of action, costs, attorney’s fees and expenses of any nature whatsoever, whether known or unknown, for any Losses caused by, arising out of or in any way connected with the Program and my participation in the Program, including without limitation: (1) Losses resulting from the use of any vehicle, disease, weather or sickness; (2) Losses arising from any act or omission of any Program host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program; (3) Losses to me or my property; and (4) Losses from any of the risks outlined in herein;

  (C) I hereby certify that I am at least 18 years old, I state that I have read, acknowledge and understand and agree to and intend to be bound by this Release, and I further state that I am participating in this Program voluntarily of my own free will; and

  (D) I understand that my consent is required by the Family Education Rights and Privacy Act of 1974, as amended (“FERPA”), for LUC to release to third parties any personally identifiable information from my education records not defined as “Directory Information” under LUC’s FERPA policy. I, therefore, give my permission to LUC to release any of my education records necessary to the administration of the Program or for any health or safety emergency in connection with the Program to any program abroad/host institution, to my parent(s)/guardian(s) and to any law enforcement officials, public health officials and trained medical personnel.

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**Student Signature**  
___________________________  
**Date**  
___________________________

**Student Printed Name**

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**TO BE COMPLETED BY UNDERGRADUATE STUDENTS ONLY:**

LUC often receives inquiries from parents and guardians of Study Abroad students for financial information. Please checkmark this item and sign below if you agree to allow LUC’s Office for International Programs staff to release information via phone, mail or e-mail to your parent(s) or guardian(s), upon their request, regarding your Study Abroad finances—including your program costs, administrative fees, deposit requirements, amounts to be billed and billing/payment procedures. If you agree, please specify names of your parent(s)/guardian(s) to whom such information may be provided:

___________________________

**Student Signature**  
___________________________  
**Date**  
___________________________

**Student Printed Name**