



Acknowledgement of Risks and Medical Consent Domestic Study-Abroad Courses

Acknowledgement of Risk:

I, _____, am participating in a University program (“Program”) that includes travel and study in _____ (“Location”). I understand that my participation in the Program is entirely voluntary, that my participation in the Program is not a course required for the completion of academic requirements, and that the Program, like any study abroad course, involves some element of risk. I acknowledge that some of the dangers that I may encounter include, but are not limited to, the hazards of travel inside the United States, risks associated with ground, air, or water transportation, murder, death, serious bodily injury, maiming, assault, battery, kidnap, imprisonment, detention, delay of return to George Mason University, terrorism, civil unrest, unpeaceful protests, defamation, acts of simple negligence, theft, accidents, illness, or contagious disease, in remote places without medical facilities, the forces of nature, and residence in the Location, and any and all direct and consequential damages caused by such events.

I recognize that George Mason University cannot guarantee my safety. In addition, I understand that my participation may involve physical strenuous activities, substantial work outdoors, use of public transportation, including buses, cabs, and trains, use of private transportation, private cars, buses and vans, walking, stair climbing, or hiking. **I KNOW OF NO MEDICAL REASON WHY I CANNOT PARTICIPATE IN THE PROGRAM.**

In partial conveyance of, and as partial payment for the right to participate in this field study and related activities and to utilize the services, including food, transportation, equipment, housing, and other services provided, **I HEREBY ASSUME ALL RISKS SET FORTH ABOVE.** In addition, I hereby forever release, waive, discharge, and indemnify and hold harmless the Commonwealth of Virginia, the Rector and Visitors of George Mason University, its officers, employees, or agents liable in damages for any loss to property, including all expenses incidental thereto (including attorneys fees) sustained by me while participating in or arising out of my travel or activities conducted by or under the auspices of George Mason University. It is my express intent that such release and waiver shall bind the members of my family, spouse, heirs, assigns, and personal representatives.

Insurance Coverage:

I understand that by participating in the Program I am required by the University to have the appropriate medical insurance coverage, and that it is my own financial responsibility to provide for medical insurance and to pay deductible expenses or any other of my own medical expenses that are not covered by insurance.

Emergency authorization:

I understand that my participation in the Program will result in travel through remote areas where medical care may be limited. I understand that emergencies may develop at any time, and that these emergencies may necessitate medical care, hospitalization, blood transfusion or surgery. If applicable and possible, a University representative or agent will contact my parent or legal guardian prior to such treatment.

I understand, however, that such contact may not be possible, depending on the nature of the emergency. Therefore, I authorize the University, its representatives, employees, and agents, to secure medical treatment, including anesthesia and surgery if needed. I understand that payment for any medical services is solely my responsibility and I agree to reimburse the University or its agents for any expenses, which are incurred on account of my injury or treatment. I understand and agree that the University is permitted to and will release my medical information to any medical provider(s) in the event I am unable to do so.

Contact Person:

Name: _____

Address: _____

Telephone Numbers:

Home: _____

Work: _____

Mobile: _____

Email: _____

Compliance with laws of standard and behavior:

I understand that George Mason University operates on a **ZERO TOLERANCE** basis with regard to illegal drugs, including marijuana. I recognize the authority of the University's staff and faculty to dismiss me from the program if I use illegal drugs or act in a manner that endangers the continuation of the program or my fellow participants. Should I engage in conduct that, in their opinion, does endanger or disrupt the program, I forfeit my right to participate further and agree to return to George Mason University or other designated domicile immediately at my own expense.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THEM AS INDICATED BY MY SIGNATURE BELOW. I AGREE THAT THE TERMS OF THIS DOCUMENT SHALL BE GOVERNED BY THE LAWS OF THE COMMONWEALTH OF VIRGINIA.

Name (printed): _____

G number: _____

Signature: _____

Date: _____

Parent or Legal Guardian's Signature (if participant is under 18 years of age):
BY SIGNING BELOW, THE PARENT OR LEGAL GUARDIAN, CERTIFIES AND ACKNOWLEDGES THAT HE OR SHE HAS READ AND AGREED TO THIS AGREEMENT, UNDERSTANDS THE RISKS AND WAIVERS DESCRIBED ABOVE, AND HAS EXPLAINED THE AGREEMENT TO BEST OF HIS OR HER ABILITY TO THE PARTICIPANT. BY SIGNING THIS AGREEMENT THE PARENT OR LEGAL GUARDIAN AGREES TO BE FINANCIALLY RESPONSIBLE FOR ANY AND ALL COSTS, REIMBURSEMENTS, OR DAMAGES INCURRED OR CAUSED BY PARTICIPANT.

Name (printed): _____

Signature: _____

Date: _____