Release for Berry College
Summer International Programs Visitors

ASSUMPTION OF RISK AND WAIVER

I, _____, the undersigned participant, understand that travel of any kind involves certain inherent risks such as sickness, bodily injury and death, and that travel outside of the United States involves additional risks due to the uncertainty of safety and security while visiting other countries. I fully and completely acknowledge that such risks exist and voluntarily assume responsibility for any such risks while participating in a College Summer International Program. I further acknowledge and understand that as a "visitor" participant, meaning I am not a student, faculty member, nor otherwise an employee or agent of Berry College (the "College") while participating in the Program that I am not provided any coverage by the College such as Workers Compensation, medical insurance, or other liability or indemnity coverage of any kind. I also agree that my participation and travel shall not in any way interfere with nor shall I attempt to alter the agenda or itinerary of either the educational program or any of the official College employees or staff who are directing the Program. Failure to comply with such agreement shall authorize the director or the College to terminate my participation in such program at my own expense.

In consideration of Berry College allowing me to visit a College Summer International Program and to participate in its activities, 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 a Summer International Program activity, including, but not limited to, those claims or injuries arising from governmental action, war, insurrection, strikes, quarantine, acts of nature, 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. I the undersigned represent that I have read and understand the terms of this release and am relying on my own judgment in signing and agreeing to this release.

I grant the 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 director and local medical authorities, I will be flown back to Atlanta, Georgia or such other location as may be reasonable and practical, or, if medically warranted, to my home, at my own expense for further medical treatment.

Initials of Participant _____

(If Under 18) Initials of Parent/Guardian _____

(Agreement and signatures continue on following page)

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 of Participant

_____ _____
Name (Please print) Witness

_____ _____
Student/Employee hosting this visitor Notary/Commission Expires:

(Seal)

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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 Berry 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: _____

_____ _____
Witness Notary/Commission Expires:

(Seal)