



**FLORIDA ATLANTIC UNIVERSITY
OFFICE OF INTERNATIONAL PROGRAMS
STUDY ABROAD PROGRAMS**

PROGRAM LEADER RELEASE AND ASSUMPTION OF RISK AGREEMENT

I, the undersigned, Program Leader for the Study Abroad Program (the “Program”) of Florida Atlantic University, hold harmless and release from any and all claims, demands, or causes of action against the State of Florida, Florida Atlantic University Board of Trustees, Florida Atlantic University and their respective agents officers and employees (referred to in this Release collectively as “FAU”) for any injury, death, damage or loss of any kind including, but not limited to, the following: any vehicle, war, weather, strike, sickness, quarantine, government restriction or regulation, any act or omission of any airline, railroad, hotel, restaurant, bus company, taxi service, school, university, or any other person, firm, agency (government or private), company or individual which is associated with FAU, directly or indirectly, in connection with the Program. I also hold harmless, release, and agree to indemnify FAU with regard to any financial obligations or liabilities of any kind that I may incur personally or any damage resulting from my participation in the Program.

I understand that all travel involves some risk, and I voluntarily agree to assume all the risks, expected or unexpected, that are inherent with domestic and foreign travel as a condition of my acceptance for leading the Program responsibly. I have been advised that I must be covered by health and accident insurance during the entire period of my participation in the Program, which will include coverage for major medical, hospitalization, medical evacuation, and repatriation.

All references in this Release to FAU include, but are not limited to, all officers, directors, staff members, campus directors, chaperones, program leaders, employees, advisors, and agents. I have read the terms and conditions set forth in the University's policies and procedures for study abroad programs. I have also been informed and agree that they constitute part of my agreement with FAU. I understand and agree to all of the University's terms as set forth in the faculty guidelines for study abroad programs and in this Release. I further understand that this Release and Agreement shall only take effect upon my acceptance by FAU to lead the Program.

Program Leader: (Print): _____

SAP Name: _____

Signature: _____ Date: _____

Return form to: Office of International Programs, Florida Atlantic University, 777 Glades Road, SU 106, Boca Raton, FL 33431-0991.