

COLGATE UNIVERSITY

Acknowledgement of Risk and Responsibility for Small Group and Independent Travel

This Acknowledgement of Risk and Responsibility (ARR) form must be completed and signed by each member of the organization and returned to the sponsoring university department. If there is not an ARR form on file, students may not travel under university sponsorship.

Name _____ Date _____

University Affiliation (STUDENT / STAFF / FACULTY) Group / Dept. Name _____
Circle one

Reason for Travel _____

1. Acknowledgement and Assumption of Risk

I understand and acknowledge that there are certain risks associated with my off-campus travel and that Colgate University, or Colgate, cannot control these risks. Some of these risks include: dangers inherent in traveling in difficult terrain and inclement weather; inadequate or unhealthy food and/or water supplies; accidents or collisions involving various modes of conveyance; acts of terrorism, vandalism or war; storms, earthquakes or other natural disasters; government and/or cultural restrictions; theft or other criminal acts; and accident or illness in remote locations with little or no access to adequate medical facilities. These risks and hazards may result in serious personal or bodily injury, sickness or death, and damage to, or loss or destruction of property, and no guarantee can be made that Colgate or others will be able to provide assistance if any of the foregoing were to take place. I also understand and acknowledge that while abroad I may experience risks and/or differences relating to educational systems, academic expectations, recognition of civil and/or religious rights, lack of accessibility and accommodations for persons with disabilities, alcohol and drug use, relationships and gender issues. By choosing to participate in an off-campus activity I assume all risks inherent to the activity (including those listed above and any other risks that may exist, whether or not presently foreseeable).

2. Health and Safety; Medical Insurance

I understand and acknowledge that I am fully responsible for my personal health and safety while participating in an off-campus activity. As such, I acknowledge that I have consulted the State Department Consular Information Sheets and Travel Warnings, related to my intended destination, at <http://travel.state.gov/travel> and the Centers for Disease Control (CDC) at <http://www.cdc.gov/travel/>. I also have consulted my medical doctor and/or Student Health Services, with regard to my medical needs and about potential health issues related to the off-campus site. Having done this, I have concluded that there are no health-related reasons or problems that preclude or restrict my participation in this off-campus activity.

Recognizing that unexpected medical emergencies often arise, I understand and acknowledge that, in the event of illness or injury, I may have to pay all medical bills incurred while participating in an off-campus activity and arrange for reimbursement through my insurance carrier. With that said, I have consulted my health insurance provider and have confirmed that I have, or have obtained, such insurance coverage as I deem necessary while participating in this off-campus activity.

If an illness or injury necessitates my evacuation from the off-campus activity site, Colgate has purchased, on my behalf, group insurance that will cover the cost of such evacuation and/or my repatriation. If this is deemed necessary, Colgate will aid in arranging the evacuation/repatriation details.

3. Responsibility and Personal Conduct

A. I understand that all students participating in a Colgate-supported off-campus activity are subject to the policies, rules, and standards of student conduct in the *Colgate Student Handbook*. While students are expected to maintain the same standards of behavior off campus as they are held to on campus, they are also required to respect and abide by the laws and customs of the host country of the off-campus activity site (which may be significantly different than those prevalent in my home country).

B. I understand that safety and security concerns, and/or local conditions or customs at the off-campus activity site may dictate that Colgate impose additional rules or standards to ensure my safety while participating in the activity. By accepting to participate in this off-campus activity, I agree to abide by all such standards and rules set by Colgate.

C. I understand that Colgate is not responsible for my behavior while participating in an off-campus activity.

D. I understand that if my conduct is determined to be detrimental to the safety and well being of me or other students participating in the activity, or to the running of the activity, I may be required to withdraw from the activity with no refund of fees and take responsibility for return transportation costs. I may be referred to the appropriate Colgate officials for further disciplinary or other action.

5. Modifications to and/or Cancellation of Program of Off-Campus Activity

Colgate reserves the right to cancel or modify the off-campus activity in the event of an emergency or change in conditions, or as it may deem to be in the best interest of the off-campus activity.

6. Release

I acknowledge and agree that I am responsible for understanding the nature, extent and duration of the off-campus activity and all other associated activities. I also hereby release and forever discharge Colgate and its trustees, officers, agents, employees, contractors, and students from, and agree not to sue them for, any and all claims, demands, liabilities, rights and causes of action of whatever kind or nature, including but not limited to those arising out of personal or bodily injury, death, or property loss or damage, resulting from my participation in, or in any way connected with, this activity (including without limitation claims, demands, liabilities, rights and causes of action arising out of the negligent acts or omissions of any or all of the aforementioned persons/entities or others).

I have read, understand, and agree to abide by the terms of this Agreement. I understand and agree that this Agreement is to be as broad and inclusive as is permitted by the laws of the State of New York, and that if any portion of this Agreement is held invalid, the remaining terms shall continue in full force and effect. This Agreement shall be binding upon me, as well as my successors, personal representatives, heirs and assigns.

Signature of Student _____ Gate ID: _____ Date _____

Local Contact # or cell phone _____

In case of emergency, notify:

Name _____ Relationship _____

Phone Number _____

Medical Insurance Name _____ Policy ID _____