

BATES COLLEGE
INDEPENDENT TRAVEL TO A FALL SEMESTER ABROAD PROGRAM

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTIONS OF RISKS AND INDEMNITY
AGREEMENT

Name of FSA: _____

Directors: _____

Dates of FSA: _____

Name of Participant: _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTIONS OF RISKS
AND INDEMNITY AGREEMENT

I have made my own arrangements for traveling to the above Fall Semester Abroad Program ("FSA"), and I hereby release and relieve Bates College of all responsibility prior to my joining the FSA. I acknowledge that I will travel at my own risk from my home or other destination to the point of joining the FSA. I expressly and voluntarily assume all risk of personal injury, illness, death, property damage and/or loss that I may sustain or suffer at any time while traveling separately from the FSA.

In consideration of permission to travel separately from the group, I hereby release and forever discharge Bates College, its employees, agents, heirs, executors, administrators, successors and assigns, from liability for any personal injury, illness, death, damage and/or loss which I may suffer or sustain in any way while traveling or while in transit to or from the FSA or while traveling separately or apart from the FSA. For the same consideration, I also agree (1) not to sue or make any direct or indirect claim against Bates College, including claims for contribution or indemnification, for personal injury, illness, death, damage and/or loss sustained, by me or another, while traveling to or from and/or in transit to the FSA or while traveling separately or apart from the FSA, and (2) to indemnify and hold Bates College harmless against all such claims and any claims of any type or nature whatsoever which may be brought against Bates College directly or indirectly on account of personal injury, illness, death, damage or loss sustained by me or another while traveling to or from and/or in transit to the FSA or while traveling separately or apart from the FSA.

I have read and understood this Agreement prior to signing it, and I am aware that by signing this Agreement, I am waiving certain legal rights which I, or my heirs, executors, administrations or assigns may have against Bates College. I sign it of my own free will.

SIGNED this _____ day of _____, 20__

Signature of participant

Signature of witness

Printed name of participant

Printed name of witness