



# Oklahoma State University Release and Assumption of Risk for Off-Campus Study

## Release of Information

I understand that the collection, retention, and dissemination of my records and information about me are subject to federal regulations under the Family Rights and Privacy Act of 1974. This means that I am responsible for specifying persons or agents who may have access to my records. By signing this Release I thereby give permissions to collect and release information to those entities at Oklahoma State University and at my host institutions as is appropriate to my application for and participation in my designated off-campus program, including letters of recommendation, transcripts, and financial status for the purpose of program participation, continuation, or termination. ("Program participation" extends from the time of placement until the receipt of the official transcript by Oklahoma State University of the work attempted through the program or at the host institution.)

## Release from Liability and Assumption of Risk for Off-Campus Study

Oklahoma State University assists its students in making off-campus study, research, and internship arrangements only as a service to its students. It is acting solely as an agent for its students and, therefore, does not make any warranties of any kind, stated or implied, regarding any off-campus program in which a student may participate. There are certain inherent and various risks associated with travel off-campus or to and in another country. The University cannot control these risks and cannot guarantee the safety of participating students. "University" as used herein means Oklahoma State University, its officers, volunteers, and agents, and the University's governing Board of Regents, its officers, employees, and agents. In consideration of being permitted to participate in this program, I hereby agree and represent that:

- My participation in this off-campus program is entirely voluntary.
- I understand that there are inherent and various risks associated with travel and/or living off-campus or in another country, which risks could result in personal injury, trauma, damages, disability, or death to myself.
- I understand other countries may not necessarily offer the conveniences, services, and/or protections, including medical and legal services that I may associate with or be accustomed to in the United States.
- The University does not guarantee my safety, nor can it delineate fully or control the risks involved with travel and/or living off-campus or in another country.
- I personally assume all of the responsibilities and risks, including those risks not specifically foreseeable at this time, in any way associated with the study, travel, and living off-campus or in another country. I agree not to sue the University and release all claims and causes of actions for property loss or damage and/or personal injury, trauma, damage, expense, and/or loss, including death caused by, derived from, or associated with my participation in this off-campus program.
- I further understand I must have adequate health, accident, disability, and hospitalization insurance that will provide for coverage off-campus or abroad, including emergency medical evacuation and repatriation. I hereby assume full responsibility for all medical expenses I may incur while participating in the off-campus program and release the University from any responsibility or liability for any such expenses incurred by me.
- I understand this Release covers liability, claims, and actions that result from any causes whatsoever, including the fault or ordinary negligence of the University, and binds my heirs, executors, administrators, as well as myself.
- This release will be governed by and construed in accordance with the laws of the State of Oklahoma.
- This Agreement represents my complete understanding with the University concerning the University's responsibility and liability for my participation in the off-campus program, supersedes any previous or contemporaneous understanding I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without written concurrence.

**I have read and fully understand the above provisions and agree to be legally bound thereby.**

Printed Name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian (if participant is under 18): \_\_\_\_\_

Program/Course Title: \_\_\_\_\_

OSU College: \_\_\_\_\_ Semester : \_\_\_\_\_

**Please return this form to your program provider**