



**WAIVER AND RELEASE AGREEMENT FOR STUDENTS**

I, \_\_\_\_\_, am a student at Roosevelt University (“the University”) and have decided to participate in the \_\_\_\_\_ (“the Program”) sponsored by \_\_\_\_\_ (“the Program Sponsor”), from \_\_\_\_\_ until \_\_\_\_\_. In consideration for being permitted to participate in the Program, I hereby agree and represent that:

1. I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. By my signature below I certify that I have confirmed that my health care coverage will adequately cover me while outside the United States, and hereby release the University, and its employees and agents, from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) that I may incur because of those injuries or illnesses.
2. I understand that the University reserves the right to decline to retain me in the Program at any time should my actions or general behavior, in the sole discretion of the University, be determined to impede or obstruct the progress of the Program in any way.
3. I understand that, in the case that the University is the Program Sponsor, although the University will attempt to maintain the Program as described in its publications and brochures, it reserves the right to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that the University, or its employees and agents, shall be responsible or liable for any expenses or losses that I may sustain because of these changes.
4. I understand that, in case that the University is the Program Sponsor, although the University has made reasonable effort to assure my safety while participating in the Program, there are unavoidable risks in travel overseas, and I hereby release and promise not to sue the University, or its employees and agents, for any damages or injury (including death) caused by, deriving from, or associated with my participation in the Program, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the employees or agents of the University.
5. I agree that, should any provision or aspect of this agreement be found to be unenforceable, all remaining provisions of the agreement will remain in full force and effect.
6. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement, I have the right to consult with the adviser, counselor, or attorney of my choice.
7. I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such adjudication will occur in the courts of, and be determined by the laws of, the State of Illinois.
8. This agreement represents my complete understanding with the University concerning the University’s responsibility and liability for my participation in the Program, supersedes the previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.
9. I represent that I am at least eighteen years of age, or, if not, that I have secured below the signature of my parent or guardian as well as my own.

\_\_\_\_\_  
Student’s Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian (if required)

Date: \_\_\_\_\_