

PARENT/GUARDIAN WAIVER AND RELEASE AGREEMENT

In conducting academic programs, Hiram College makes reasonable effort to protect the welfare and safety of the participants. However, Hiram cannot assume responsibility for damage to or loss of property, personal illness or injury, or death while a participant is on the program, nor can Hiram assume responsibility for the actions of participants. We therefore require each applicant and his/her parent or guardian to sign the following statement as an indication that this position is understood and accepted.

I certify that I am the parent or legal guardian of Student, _____, who is a participant in the Hiram College Study Abroad Program. I also certify that the Student will be participating in the study abroad program with my full knowledge and consent. I have read the agreement and waiver signed by the student (on the reverse of this sheet), and I understand and agree to its provisions on behalf of the student.

I hereby release and forever discharge the College, its officers, directors, employees, trustees, agents, representatives, insurers, administrators, successors and assigns, of and from any and all liability of any kind or character whatsoever to me or my heirs, successors or assigns with respect to any act or omission by the College with respect to the participation of the Student in the Program.

I further agree that I will indemnify, defend and hold harmless the College, their officers, directors, employees, trustees, agents, representatives, insurers, administrators, successors and assigns from any and all claims of any nature whatsoever made by anyone which in any way arise out of, or result from, the negligent or alleged negligent acts of the Student.

I have read and understand the terms and conditions of this Agreement, Indemnification and Release, and I agree and subscribe to them. My signature below also signifies that the Student has sufficient health, accident, disability and hospitalization insurance to cover him/her during participation in the Program, and that I expect and recognize that none of the fee paid for this Program goes toward the payment of such insurance, and that the College has no obligation to provide any insurance related to the Student.

Signature of Parent/Guardian

Date

Printed Name _____

Address _____

Study Abroad Program brochures are available upon request by contacting:

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Teachout Price
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