

**FORM C: FOREIGN TRAVEL RELEASE**

For and in consideration of the opportunity to participate in a program of \_\_\_\_\_ involving travel and study outside the United State of America, I, being of lawful age and under no legal disability, on my own behalf, as well as on behalf of my heirs, executors, administrators and assigns, do hereby release \_\_\_\_\_ (parish name), the Diocese of Arlington, The Most Reverend Michael F. Burbidge and his successors in Office, their officers and agents, from any liability, cause of action, demand for damages, expenses, compensation and claim on account of or in any way growing out of personal injuries, death or property damage which may result from my participation in travel or study abroad. I further expressly waive my right to bring a legal action of any kind for any of the claims released.

I realize that travel and study outside the United States of America involves risk of personal injury, death, or property damage. I understand that certain risks are inherent in foreign travel and that I fully accept those risks which may include, but are not limited to, war, quarantine, civil unrest, disobedience or terrorism, public health risks, exposure to communicable diseases, criminal activity such as assault, kidnapping and theft, adverse weather conditions and natural disasters such as earthquakes, windstorms and floods, animal attack; insect and animal bites, ill effects of unfamiliar food and water, incidents related to ground, air or water transportation to include motor vehicle collisions and plane crashes, injuries or damage to property, and other physical, mental, and emotional injury. I fully assume personal responsibility for the consequences of the enumerated risks, including the risk of catastrophic injury or death, and all other potential hazards which may arise in connection with my travel or study abroad, which may result in injury, death, or damage to property. I hereby assume full responsibility for learning of, assessing and minimizing all dangers of foreign travel and study. In signing this release, I have not relied on any statement or representation of \_\_\_\_\_ (parish), its employees, officers or agents, regarding the nature of any risk, chance or hazard to the safety of my person or property which may arise in connection with my participation in foreign travel and study. This release specifically includes but is not limited to a release of \_\_\_\_\_ (parish), the Diocese of Arlington, The Most Reverend Michael F. Burbidge and his successors in Office, their officers and agents for negligent conduct which may result in personal injury, death or property damage. I understand that I will be personally and solely responsible for providing any insurance which I deem necessary for my protection or the protection of my property.

I further state that I have carefully read and understood the foregoing Foreign Travel Release and Waiver, now the contents thereof, and am signing the same as my own free and voluntary act. The interpretation and performance of this Agreement shall be construed in accordance with the laws of the Commonwealth of Virginia and any litigation arising out of this Agreement shall have proper venue in Fairfax County, Virginia and shall be governed by the laws of the Commonwealth of Virginia. Participants are strongly encouraged to consult the State Department Consular Information Sheets and Travel Warnings at [http://travel.state.gov/travel\\_warnings.html](http://travel.state.gov/travel_warnings.html) and the Centers for Disease Control (CDC) at <http://www.cdc.gov> with regard to their destination country(s) prior to signing this Agreement.

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Signature of Participant

Date

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Name (printed)

Destination

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**Parental Signature:** This statement must also be signed by a parent or legal guardian IF the participant is a dependent student (is claimed as a dependent on either parent’s tax return).

Check one: \_\_\_ I am an independent student, or \_\_\_ my parent’s signature is provided below.

I hereby give my son/daughter named above permission to participate in this foreign study program. I have read the statement above and agree that I and my son/daughter understand and assume the risks associated, and that we will hold \_\_\_\_\_ (parish), the Diocese of Arlington, The Most Reverend Michael F. Burbidge and his successors in Office, their officers, and agents harmless, as stated above.

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Signature of Parent or Legal Guardian

Date

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Name (printed)

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*It is also extremely important for students participating in this program to have adequate insurance before departing. This coverage should also include medical evacuation, repatriation of remains and life insurance. If you are currently included on your family’s insurance policy, you must make sure that the coverage is valid overseas for the duration of your travel. Students with an International Student Identity Card (see <http://www.istc.org/>) receive basic medical/accident insurance coverage for their travel outside the continental United States, for the period that the ID card is valid. Such coverage may not be adequate to meet every contingency, so you should check to see what additional protection you might need*