

**INTERNATIONAL STUDIES PROGRAM  
MANSFIELD UNIVERSITY OF PENNSYLVANIA  
WAIVER AND RELEASE AGREEMENT**

I \_\_\_\_\_, am a student at Mansfield University of Pennsylvania (“the University”) and have agreed to participate in the University’s international studies program in \_\_\_\_\_ from \_\_\_\_\_ until \_\_\_\_\_ (“the Program”). 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 of the United States, and hereby release the Board of Governors of the State System of Higher Education, the State System of Higher Education, the Commonwealth of Pennsylvania, the University, and the employees and agents of these entities, 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, 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 Board of Governors of the State System of Higher Education, the State System of Higher Education, the Commonwealth of Pennsylvania, the University, and the employees and agents of those entities, shall not be held responsible or liable for any expenses or losses that I may sustain because of these changes.
3. 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.

4. I understand that, although the University has made every reasonable effort to assure my safety while participating in the Program, that there are unavoidable risks in travel overseas, and I hereby release from liability and promise not to sue the Board of Governors of the State System of Higher Education, the State System of Higher Education, the Commonwealth of Pennsylvania, the University, and the employees and agents of these entities, for any damages or injury (including death) caused by, deriving from, or associated with my participation in the Program.
5. I agree that, should any provision or aspect of this agreement be found to be unenforceable, that 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 advisor, 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 Commonwealth of Pennsylvania.
8. This agreement represents my complete understanding with the University concerning the University's responsibility and liability for my participation in the Program, supersedes any 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 OR PARENT(S)/LEGAL GUARDIAN(S) has read *this Waiver and Release Agreement*, understands its contents, intending to be legally bound hereby and acknowledges that it is signed freely, voluntarily, and under no compulsion.

\_\_\_\_\_  
STUDENT (please print)

\_\_\_\_\_  
STUDENT (signature)

\_\_\_\_\_  
Date

**If the student is under 18 years old, Parent or Legal Guardian must sign below:**

\_\_\_\_\_  
PARENT / LEGAL GUARDIAN (please print)

\_\_\_\_\_  
PARENT / LEGAL GUARDIAN (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
PARENT / LEGAL GUARDIAN (please print)

\_\_\_\_\_  
PARENT / LEGAL GUARDIAN (signature)

\_\_\_\_\_  
Date

**IF UNDER 18, BOTH PARENTS MUST SIGN UNLESS ONE PARENT IS DECEASED OR A PARENT HAS A COURT ORDER EVIDENCING SOLE LEGAL CUSTODY.**