



**STUDY ABROAD
ASSUMPTION OF RISK AND
INDEMNIFICATION AGREEMENT
(Independent Travel and Activities)**

Arkansas State University ("A-State") makes Study Abroad programs available to students. During the period _____, 20____, one such Program will be held in _____. I will be a participant in the A-State _____ Study Abroad Program. Although I understand that students generally are required to remain with the Program Group during the entire period of the Program, I wish to be absent from the Program during _____, 20____, for the following reason:

I have been advised and I understand that the potential risks involved of traveling by myself include, but are not limited to, risks of personal injury and death, incarceration, and/or property damage or loss. I will and hereby do assume sole and full responsibility for my liberty, safety, and property if I may leave the Program Group during _____, 20____, to _____, and in consideration of being permitted to do so, I agree as follows:

1) I understand the possible risks and dangers to me and my property associated with my traveling by myself in _____, and I do so voluntarily in reliance upon my own judgment and ability. I assume all risk of personal injury, death, incarceration, and property damage or loss from any cause whatsoever, including, but not limited to, my own conduct, the failure of anyone to enforce rules and regulations or inspect equipment or facilities, and the negligence of anyone else; and

2) I release and shall indemnify, defend and save harmless Arkansas State University, the State of Arkansas and their respective officers, agents, and employees from all liabilities, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorney fees, arising or claimed to have arisen out of personal injuries or death, or property damage or loss, sustained by me as a result of any cause whatsoever, including but not limited to my own conduct, negligence or other misconduct on the part of Arkansas State University officers, agents, or employees, or those injuries or property damage sustained by others as a result of my own negligence or intentional acts, during my traveling by myself in _____.

I certify that I am at least eighteen (18) years of age, medically and mentally sound, physically fit to engage in the activities described above, and competent to enter into this agreement. I further certify that no oral promise, agreement, warranty, or representation concerning safety or liability has been made to me. If the participant is under eighteen (18) years of age, this document must be signed on behalf of the participant by his or her parent or guardian. I HAVE READ AND UNDERSTAND THIS ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT, I UNDERSTAND AND AGREE THAT IT WILL LEGALLY BIND ME AND MY ESTATE, AND I SIGN IT VOLUNTARILY.

Student Signature & Date

Student Printed Name

If parent or guardian:

Parent or Guardian Signature

Relationship to Participant

Parent or Guardian Printed Name