Program: Spring Break Trip to New Orleans, LA  
March 18-20, 2015

The undersigned hereby agree(s) as follows:

1. **Eligibility.** I understand that I must be in good academic and disciplinary standing in order to participate in the Field Trip. To this end, I give permission to Georgia Institute of Technology's Office of International Education to check my academic and disciplinary records to confirm my eligibility for participation at any time prior to the departure on the Field Trip.

2. **Risks of Travel.** I understand that participation in the Georgia Institute of Technology Field Trip specified above (the “Program”) involves risks not found in study at the Institute. These include risks involved in traveling to and within, and returning from, the Field Trip location. I acknowledge that participation in the Program involves possible damage to property, illness and injury, including death. I have made my own investigation, and am willing to accept these risks. Georgia Institute of Technology does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, instructor, or individual participant in any athletic, recreational, adventure program, field trip or workshop.

3. **Institutional Arrangements.** I understand that Georgia Institute of Technology (hereinafter sometimes referred to as the “Institute”) does not represent or act as an agent for, and cannot control the acts or omissions of, any host school or institution, host family, transportation, carrier, hotel, tour organizer, or other provider of goods or services related to the Program. I understand that any reimbursement I might receive shall be in accordance with the orientation materials. I further understand that Georgia Institute of Technology is not responsible for matters that are beyond its control.

4. **Health and Safety.**
   a) I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that the Institute is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility thereof. If I require medical treatment or hospital care during my participation in the Program, the Institute is not responsible for the cost or quality of such treatment or care. I have had an opportunity to consult with a medical doctor with regard to my personal medical needs. I certify that there are no health-related reasons or problems that preclude or restrict my participation in the Program. I agree to maintain adequate medical, repatriation, and evacuation coverage, including, but not limited to, evacuation for medical, political unrest, and/or natural disasters.

   b) The Institute may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety, including but not limited to medical treatment. I agree to pay all expenses related thereto and hereby release the Institute from any liability for any such actions.

   c) The Institute may, through the Dean of Students or his/her designee, contact my parent(s) or other designated emergency contact, and disclose otherwise confidential or private information, including, but not limited to, medical information if, in theDean’s or designee’s discretion, such disclosure is necessary or desirable in order to assist or resolve an emergency involving, me. Additionally, Stamps Health Services may provide the Dean of Students, his/her designee, my parent(s) or legal guardian(s) or healthcare personnel abroad medical information if, in the Dean’s or designee’s discretion, such disclosure is necessary or desirable in order to assist or resolve an emergency involving, me.
5. **Standards of Conduct.**
   a) I acknowledge and agree that in consideration of permission being granted for me to participate in the Program listed above, the policies, procedures, rules, and standards of the Georgia Institute of Technology, including but not limited to the Georgia Institute of Technology Student Conduct Code and the [[Field Trip]] Orientation materials, shall govern my participation in the Program and I agree to obey such policies and procedures at all times.

   b) I agree that Georgia Institute of Technology has the right to enforce the standards of conduct described above, in its sole judgment, and that it may impose sanctions, including without limitation immediate exclusion from the Program, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, & welfare of the Institute, the Program, or other Program participants. In addition to normally available sanctions, if I am excluded from the Program, I consent to being sent home at my own expense with no refund of fees, and I understand that I may be subject to further disciplinary action upon my return to campus.

6. **Program Changes.** The Institute and the Office of International Education has the right to make cancellations, substitutions, or changes in the case of emergency or changed conditions including without limitation the level of participant interest in the Program. I understand that the Field Trip program fees and program charges are based on current airfares, lodging rates, and travel costs, which are subject to change. If I leave or am excluded from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. If I become detached from the Program group, fail to meet a departure bus, airplane, boat, train, or other transit or become sick or injured, I will at my own expense seek out, contact, and reach the Program group at its next available destination. **If I voluntarily choose not to return back to campus with the Program-provided transportation, I will not be provided a refund of any charges or fees paid for the Program. I will at my own expense procure return travel to campus, and the Institute will not be responsible or liable for my failure or refusal to return to campus with the scheduled Program travel accommodations.**

**ACKNOWLEDGMENT AND ASSUMPTION OF RISK BY PARTICIPANT**

I have read the above notice carefully and acknowledged receipt of a copy thereof. In consideration of the benefits received, I understand and appreciate the risks that are inherent in the Program and hereby assume all risks of damages or injury, including death, that I may sustain while participating in or as a result of, or in any way growing out of the Program, or in travel to and from such Program. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Further I hereby certify that I am covered by an accident and health insurance policy that will be in effect at any time I am participating in the Program.

Initial Here: ______________
Today's Date: ___________
PARTICIPANT'S INDEMNIFICATION AND HOLD HARMLESS

I agree to INDEMNIFY AND HOLD Georgia Institute of Technology and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees brought as a result of my involvement in the Program and to reimburse them for any such expenses incurred.

PARTICIPANT'S RELEASE AND WAIVER OF LIABILITY AND COVENANT NOT TO SUE
(READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in risk oriented programs and activities involves an inherent risk of physical injury and assumes all risks. The undersigned hereby agrees that for the sole consideration of the Georgia Institute of Technology allowing the undersigned to participate in the Program, the undersigned does hereby release and forever discharge the Georgia Institute of Technology and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees of any and from all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from any participation in any way connected with the Program. I further covenant and agree that for the consideration stated above I will not sue Georgia Institute of Technology, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my participation in the Program. I understand that the acceptance of this release and covenant not to sue Georgia Institute of Technology or the Board of Regents of the University System of Georgia shall not constitute a waiver in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees. I have received a copy of this document and I certify that I am ______ years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

Severability: The undersigned further expressly agrees that the foregoing WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (the "Agreement") is intended to be as broad and inclusive as is permitted by the laws of the State of Georgia and that if any portion thereof is held by a court of competent jurisdiction to be invalid, it is agrees that such provision will be deemed deleted from this Agreement without invalidating the remaining provisions of this Agreement or affecting the validity or enforceability of the remaining provisions.

NAME ______________________
(Please Print)

gtID # ________________

Date ______

__________________________
Signature

__________________________
Signature of Parent or Guardian if Participant is under 18