



RELEASE AND WAIVER OF LIABILITY AND CLAIMS
(Travel)

Name of Participant: _____

Address of Participant: _____

Name of Program: _____

Location/Destination of Program: _____

Dates/Time Period of Travel and Program: _____

I, the above-named Participant, am a student at Southeastern University ("Southeastern"). It is my intention to travel to, within and/or from the above location/destination (the "Destination") in connection with the above-referenced program (the "Program") on and/or during the dates set forth above. In consideration of being permitted by Southeastern to participate in the Program, I hereby agree to all terms set forth herein as evidenced by my signature affixed to this Release and Waiver of Liability and Claims ("Waiver"). I sign this Waiver voluntarily, without coercion or duress.

VOLUNTARY PARTICIPATION: I hereby acknowledge and confirm that I have voluntarily elected to travel to, within and/or from the Destination and to participate in the Program. Southeastern does not require that I participate in the Program and I acknowledge that participating in the Program is not a requirement for graduating or obtaining a degree from Southeastern or matriculating at Southeastern.

INFORMED CONSENT: I acknowledge that I have been informed that travel within and outside of the United States of America can be dangerous and I willingly and voluntarily accept the dangers and risks associated with such travel. I understand and acknowledge that conditions in any country are beyond the control of Southeastern. I agree at all times to obey all laws of the city, province, state, or country in which I am located while traveling to, within or from the Destination and/or participating in the Program. I have been informed of, understand, and accept the risks associated with traveling to, within and from the Destination and in participating in the Program, such risks including, without limitation, foreign political, legal, social, and economic conditions; language barriers; disease; motor vehicle accidents; negligent medical treatment; different levels of medical care; crime; food safety; civil unrest; acts of God and natural disasters; terrorism; military activity; war; criminal systems; and safety hazards. I understand and acknowledge that I could sustain serious personal injuries, illness, property damage, bodily harm, disability or even death during my participation in the Program or my travel to, within or from the Destination. I knowingly and voluntarily accept and assume such risks, and all other risks, harm or dangers that may occur, whether known or unknown, foreseeable or unforeseeable.

LOSS OF PERSONAL PROPERTY: I acknowledge and agree that Southeastern is not responsible for the loss of any of my personal property that I may sustain during my travel to, within and/or from the Destination or during my participation in the Program.

MEDICAL RESPONSIBILITY: I understand and agree that Southeastern assumes no responsibility for providing any medical assistance for any injury or damage which might arise out of or in connection with any need for medical treatment or a medical emergency. I am solely responsible for arranging for and obtaining any medical treatment I may need during my participation in the Program or my travel to, within, and from the Destination. I acknowledge that Southeastern has informed me that travel insurance and international health care insurance and programs exist. I acknowledge and agree that my failure to purchase or election not to purchase any such insurance will be due to my knowing and voluntary election not to purchase any such insurance.

RELEASE AND WAIVER OF LIABILITY: I do hereby, voluntarily, completely and unconditionally, on behalf of myself, my heirs, agents, and personal representatives, hereby waive, release, discharge and forever hold harmless Southeastern University, Inc. and its trustees, officers, agents, professors, administrators, students, volunteers, and employees of and from any and all liability, claims, causes of action, suits, expenses, costs, or damages of any kind whatsoever, including without limitation attorneys' fees, whether known or unknown, foreseen or unforeseen, including, without limitation, bodily and personal injuries, death, and damage to or loss of property that I may suffer, which is in any way connected to, associated with, or results from my travel to, from or within the Destination and/or my participation in the Program.

CHOICE OF LAW; SEVERABILITY: I agree that this Waiver shall be construed in accordance with the laws of the State of Florida. If any provision of this Waiver is determined to be illegal, invalid or against public policy, by a court of competent jurisdiction, the remainder of this Waiver shall not be affected by such determination.

I HAVE READ THIS WAIVER IN ITS ENTIRETY AND FULLY UNDERSTAND ITS TERMS. I HEREBY REPRESENT I SIGN THIS WAIVER AS MY OWN FREE ACT AND DEED; NO ORAL REPRESENTATIONS HAVE BEEN MADE TO ME; I AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND AM FULLY COMPETENT; AND I EXECUTE THIS WAIVER FOR ADEQUATE AND LEGALLY SUFFICIENT CONSIDERATION AND I FULLY INTEND TO BE BOUND BY THE TERMS HEREOF.

Dated this the _____ day of _____, 20____.

Signature
Print Name: _____
Student ID: _____
Social Security No.: _____
(Must signed in the presence of a Notary Public)

STATE OF _____
COUNTY OF _____

The foregoing Release and Wavier of Liability and Claims was acknowledged before me this _____ day of _____, 20____, by _____, who [] is personally known to me or [] has produced _____ as identification.

(SEAL)

Notary Public
My commission expires: