



**FACULTY-LED STUDY ABROAD PROGRAM
FAMILY & FRIEND RELEASE AND ASSUMPTION OF RISK**

I, _____ the undersigned, hold harmless and release from any and all claims, demands, or causes of action against the State of Florida, Florida Atlantic University Board of Trustees, Florida Atlantic University and their respective agents, officers and employees (referred to in this Release collectively as “FAU”) for an _____

_____ taxi service, school, university, or any other person, firm, agency (government or private), company or individual in connection with the _____ Faculty-led Study Abroad Program. I also hold harmless, release, and agree to indemnify FAU with regard to any financial obligations or liabilities of any kind that I may incur personally or any damage resulting from or in connection with my travel with said Program.

My travel in association with said Program is voluntary. I understand that all travel involves some risk, and I voluntarily agree to assume all the risks, expected or unexpected, that are inherent with domestic and foreign travel. I acknowledge that I have been advised that I must be covered by health and accident insurance during the entire period of my association with the Program, which will include coverage for major medical, hospitalization, medical evacuation, and repatriation.

Your Name: (Print): _____

Study Abroad Program Name: _____

Signature: _____ Date: _____

(Minors under 18 must have this form signed by their parent or legal guardian.)

Return to:
Education Abroad
Florida Atlantic University
777 Glades Road, GS 212Q
Boca Raton, FL 33431-0991
Tel. #561-291-1208