



**LIABILITY WAIVER FORM**

The following agreement is designed to protect all participants in the Montclair State Study Abroad Program: the students, faculty members, Montclair State and the institutions cooperating with Montclair State. Please indicate your permission/agreement with the following conditions by affixing your signatures below.

1. We understand that any program of travel does involve some risk and that participation in the program is entirely voluntary. We release Montclair State, its trustees, officers and employees from any responsibility from any claims, lawsuits, damages, expenses, liabilities or injuries which may occur or be given rise to during participation in the Study Abroad program.
2. We understand that it the responsibility of the student to have adequate medical, accident, dismemberment and repatriation insurance coverage. We have verified this coverage with our agent and it is valid for overseas. We are able to provide documentation which will be left with the Office of International Studies. We understand that it is strongly recommended that the student obtain the International Student Identity Card which carries limited coverage (cards and details available at the Office of International Studies for \$22)
3. We agree that if the student drives any motorized vehicle while abroad, they take full responsibility for all claims, damages, liability expels, lawsuits or injuries which may occur as a result of driving any motorized vehicle.
4. We acknowledge that the organizations involved in this project have forbidden the use of drugs by the participants except for those prescribed by an examining physician and noted on the Medical Authorization form.
5. We understand that while traveling or residing in any foreign country that the student will be subject to the laws, rules, and law enforcement procedures of that country. Any violation of such laws is beyond the control of Study Abroad program.
6. We understand that if the student leaves the program once the program has begun or the tuition has been paid, there will be no refund (unless there is a medical condition that warrants withdrawal). If the student is receiving financial aid, it is understood that full payment for tuition and program fees has been committed by the student. Transcripts will be held until such payment has been made in full.

Student Name \_\_\_\_\_  
*Print clearly*

CWID: \_\_\_\_\_

Signature of Student \_\_\_\_\_

Date: \_\_\_\_\_