

ASBURY UNIVERSITY – Off-Campus Release Form

PROGRAM:

PROGRAM DATE:

I, _____ as a participant in the above named program
(print name)

in consideration for my acceptance in said program, agree as follows:

- 1) I grant Asbury University, or any of its officers or agents, full authority to take whatever action they feel is warranted under the circumstances regarding my health and safety. This authority will permit Asbury University, its officers or agents at their discretion to place me, at my own expense, in a hospital at any point for medical services and treatment or, if no hospital is available, to place me in the hands of a local medical doctor for treatment. Asbury University, its officers or agents are further authorized to fly me back to my home city or other agreed on location at my own (or my parents') expense for medical treatment if this is deemed by the officers or agents of Asbury University in consultation with local medical authorities to be necessary.
- 2) I verify that I have health insurance coverage which is in effect during the dates of the program and which covers me at any location which will be a part of the program.
- 3) I promise to support and uphold the standards of conduct of Asbury University as set forth in the Asbury University Student Handbook for Community Life of which I have received a copy.
- 4) I understand that the director of the program reserves the right to terminate my participation in the program for failure to maintain university standards, or if the director deems my acts of conduct are detrimental to or incompatible with the interest, harmony, comfort, or welfare of the program as a whole. I further understand that if my participation is terminated, only the funds not actually used will be refunded; and I will be sent home at my own expense.
- 5) I agree that Asbury University reserves the right to make cancellations, changes or substitutions in emergencies or changed conditions or, in the interest of the program, prior to travel departure to alter the cost in order to meet unexpected changes in airline fares, lodging rates, etc. The announced fee is based on currently known costs and are subject to change.
- 6) I agree that if performance of the conditions and agreements as stated in the program information distributed to me must be altered because of war, strike, weather, government restrictions or regulations, act of God, or any other like reason, Asbury University shall have the right to make such alteration or cancellation of part or all of the program and refund can be made only of those funds not actually used or committed, the amount of the refund in each individual case to be determined by Asbury University.
- 7) I hereby grant Asbury University permission to reproduce in their campus yearbooks, catalogs or other advertising or promotional materials any photographs, movies or sound recordings of me taken during the period of time that I am participating in the program, and also any written statements I may make concerning the program.
- 8) I hereby release Asbury University and waive claim of whatever nature against Asbury University arising from any act or omission of any person, corporation or entity not under the direct supervision and control of Asbury University at the time of such act or omission. I further release Asbury University from any liability for any acts or damage against my person or property for such periods of time as I may elect to travel separately from the group.

Participant Signature _____ Date _____

Witness _____

Parent or Guardian Signature (if participant is under age 18) _____