



THE WASHINGTON SEMESTER PROGRAM

Consent & Release Agreement

Name: _____ Program: _____ Semester: SPRING 2010

The following is designed to protect all participants in American University's Washington Semester Program, including students, faculty members, American University, and the agencies and individuals cooperating with the University. You, as the student, must sign this form to indicate agreement and permission to participate.

Instructional and Class Programs

The undersigned, who is enrolled as a student at American University, hereby releases its employees, agents, successors and assigns from liability for any and all claims, demands, rights or actions or causes of action, present or future, resulting from or arising out of an incident while attending any off-campus activities related to matriculation at American University.

This release shall apply to all claims for injuries, losses, damages, or death incurred during any off-campus activities, including travel, as a result of being enrolled as a student at American University. This release shall be part of the acceptance of the undersigned as participant in any and all off-campus activities within the scope of class requirements at American University. I understand that the University recommends that students insure their personal property from loss or theft, and that the University is not responsible for loss or theft of personal property.

I understand that the **University reserves the right to make cancellations, changes, or substitutions in cases of emergencies or changed conditions or in the interest of the group.** Should the University cancel the Program, refunds of program fees will be made unless the cancellation is due to political, natural, technological, or other catastrophic conditions beyond its control in which case the University will be able to refund only uncommitted and/or recoverable funds. I understand that any refunds made for programs where payment is made to the University will be in accordance with published University policies for the academic year in which the Program occurs, unless otherwise stated.

Internship Programs

I understand that participation in the Washington Semester Internship Program is entirely voluntary and that any such internship program involves some element of risk. I agree that, in consideration of American University sponsoring this activity and permitting me to participate, I will hold American University, its trustees, officers, employees or agents harmless for any injury, death, or loss to person or property sustained by me while participating in or arising out of any travel or activity conducted by or under the auspices of the Washington Semester Internship Program.

I understand that the University requires that all students be covered by appropriate accident and medical insurance and that they be financially responsible for such expenses. My signature below verifies that I am enrolled in an adequate insurance program.

Authorization to Release Student Information

I give permission for the faculty and/or staff of the Washington Semester Program to release the following information about me, throughout the semester, to agencies and other official sites that require it for security purposes as a condition of our class visit. I understand that I am not required to provide this information, but that failure to do so may result in either a delay or prevention of my admission to the site.

- | | | |
|---------------------|-------------------|---------------------------------|
| • Name | • Place of Birth | • American University ID Number |
| • Permanent Address | • Passport Number | • Social Security Number |
| • Home School | • Citizenship | • Date of Birth |

PLEASE READ AND SIGN THE OTHER SIDE OF THIS FORM.

Likeness (Photo) Release

I hereby authorize American University to photograph or film me and consent to the use of my likeness and image in any and all publications, educational materials, research, advertising, news media, and World Wide Web materials.

I understand and agree that such materials, including all negatives, positives, digital images, and prints shall become and remain the sole property of American University and I shall have no right or title to such items. I agree that the University does not owe me any compensation for the acts that I have consented to in this agreement. I further understand and agree that these materials may be kept on file and used by AU for potential future purposes and further agree to release the University from any and all liability arising from or in connection with the taking, use, publication, or dissemination of such materials.

Voluntary or Involuntary Withdrawal or Dismissal

I understand that all students are subject to University regulations, Program guidelines, and the laws of the jurisdictions of the DC metropolitan area. If I violate these laws, if I fail academically, or if I behave in a way that is detrimental to other students or the Program, the University shall have the right to dismiss me from the Program. The University's decision will be final and may result in the loss of academic credit and Program fees.

I agree to pay for all costs arising out of my voluntary or involuntary withdrawal from the Program prior to its completion for whatever reason, including withdrawal caused by illness or disciplinary action. I agree that I (including my parents, guardians, or legal representatives) shall not assert claims for or hold the University, its trustees, employees, officers, faculty, agents and co-sponsoring institutions and their agents responsible for any costs or losses resulting from my early withdrawal.

Legal Responsibility

I acknowledge and understand that should I be arrested or come into legal conflicts with people not associated with the Program, I must attend to this matter personally and use my own funds to cover any costs of such problems. I understand that the University is not responsible for providing legal assistance in these circumstances. I understand and agree that I am liable for damages to my own person and property, as well as damages to other persons and their property, including any damage due to my abuse of alcoholic beverages, medicines, and/or illegal drugs. I recognize that I am personally liable for the legal and economic consequences of my actions and I have been so notified.

Governing Forum

I further understand that this Agreement shall be construed in accordance with the laws of the District of Columbia, which shall be the forum of any lawsuits filed under or incident to this Agreement or the Academic Program. The term and provisions of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

Pledge

I agree to comply fully with the rules of the University and its agents. I agree that the University has the right to enforce its standards of conduct and that should I fail to comply with them, the University has the right to terminate my participation in the Program with no refund of monies paid. I further agree that the policies of the University and the host institution, if any, may be applied to me as a participant and that the University shall have the right to exercise the policies of the University at any time.

**I HAVE READ AND UNDERSTAND THE PROVISIONS OUTLINED ON
PAGE 1 AND 2 OF THIS CONSENT AND RELEASE AGREEMENT.
I AGREE TO BE BOUND BY THEM AS INDICATED BY MY SIGNATURE BELOW**

Printed Student Name

Student Signature

Student SS Number

Date

Program/Unit

Home School