



THE WASHINGTON SEMESTER PROGRAM

Consent & Release Agreement

The following agreement is designed to protect all participants in American University's Washington Semester Program American Indian/ Alaska Native: Washington Internships for Native Students WINS ("Program"), including students, faculty members, American University, and the agencies and individuals cooperating with American University. You, as the student, must sign this form to indicate agreement with its provisions and to obtain permission to participate.

1. General Release: I understand that participation in the Program is entirely voluntary and that any off-campus program may involve certain dangers, hazards, and risks inherent in living in an urban area, including travel to, and from, and within the locale.

I agree that, in partial consideration of American University's ("University") sponsoring this activity and permitting me to participate, I (including my parents, guardians, or legal representatives) shall not attempt to hold the University, its trustees, officers, employees, faculty, agents, and co-sponsoring institutions and their agent(s) liable for any injury, death or loss to person or property sustained by me while participating in or arising out of any travel or activity reasonably conducted by or under the auspices of American University's Program.

2. Program Changes or Termination: I understand that the University reserves the right to make cancellations, changes or substitutions in cases of emergency or changed conditions in the interest of the group. Should the University cancel the Program, full refunds of tuition and program fees will be made unless the cancellation is due to circumstances beyond the control of the University, in which case the University will be able to refund only recoverable funds. All refunds given will be made in accordance published by the Program.

3. Accident & Medical Coverage Insurance: I understand that the University requires that all students be covered by appropriate accident and medical insurance and that students be financially responsible for such expenses. Further, I agree to provide the Program proof of medical insurance coverage. I also assure the University that there are no health related reasons or problems of which I am aware that preclude or restrict me from participating in the Program.

4. Motor Vehicle & Personal Property Insurance Coverage: I understand that the University requires students planning to operate a motor vehicle while on the Program to obtain liability and collision insurance that will cover them and that the University is not responsible for accidents or injuries which occur as a result of a student's operation of a motor vehicle while attending a Program. I also 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.

5. Medical Treatment: I agree that I (including my parents, guardians, or legal representatives) shall not attempt to hold the University, its trustees, officers, employees, faculty, agents, and co-sponsoring institutions and their agent(s), liable for any injury or death sustained by me in connection with any reasonably necessary medical care, hospitalization, or surgery I undergo while participating in the Program.

6. 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.

7. 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.

8. 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.

9. 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 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.

10. Likeness: I authorize American University to photograph or film me. I consent to the use of my likeness and image in any and all Program 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.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THEM AS INDICATED BY MY SIGNATURE BELOW.

Student Name: _____
(Please Print)

Student Signature: _____ Date: _____

Signature of Legal Guardian: _____
(for students under age 18)

