

THE PENNSYLVANIA STATE UNIVERSITY

_____, College of _____

MEMORANDUM OF UNDERSTANDING BY

INTERNATIONAL GROUP TRAVEL AND FIELD TRIP PARTICIPANTS:

1. **Assumption of Risk:** I am fully aware of the risks and hazards connected with participation in the International Trip or Field Trip experience I am going to be involved in with the _____, including risks of negligent or criminal acts of third parties. I hereby elect to voluntarily participate in this program, and I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me as a result of participating in this International Trip, class, research, service learning, field trip, or internship experience.
2. **Release from Liability:** I understand and do hereby agree that The Pennsylvania State University, its officers, employees, agents and representatives shall not be liable for any claims, demands or causes of action based upon or arising out of any illness or injury (including death), property loss or damage, deviation, delay or curtailment, however caused, which I (my son/daughter) may suffer in connection with my (his/her) enrollment in this International Trip or Field Trip program.
3. **Consent to Emergency Medical Treatment:** I understand that on rare occasions an emergency may develop which necessitates the administration of medical care, hospitalization or surgery. Therefore, in the event of injury or illness to myself (my son/daughter) necessitating emergency medical care, I hereby authorize The Pennsylvania State University, by and through its authorized representative(s) or agent(s) in charge of said program, to secure any necessary treatment, including the administration of an anesthetic and surgery. It is understood that such treatment shall be solely at my expense and I agree to reimburse the University for any expenses which it might suffer in account of said injury or illness or treatment thereof.
4. **Indemnification:** I understand and do hereby agree to indemnify and hold harmless The Pennsylvania State University, its officers, employees, agents and representatives from any and all claims, demands, causes of action and all expenses incidental thereto (including reasonable attorney's fees), based upon or arising out of any personal injury (including death) or property damage or loss caused by or resulting from my (my son's/daughter's) acts or omissions during participation in this International Trip or Field Trip program.
5. **Program Cancellation and Withdrawal:** I understand that The Pennsylvania State University reserves the right to decline any application or to cancel any program without notice, in which event all monies paid will be refunded in full. The _____ reserves the right to require withdrawal from the program of any participant whose continuation would be detrimental to himself, to others, or to the University. Return passage and any other expenses due to such involuntary withdrawal are to be defrayed by the student concerned.

I have informed myself on the current conditions in the region of my destination, and accept full responsibility for placing myself in that environment. I acknowledge that I have read this memorandum, have been given the opportunity to ask any questions about it and/or the planned travel and educational experience, and have had these questions answered. My (my son's/daughter's) participation in this event is entirely voluntary. I understand that I will receive a signed copy of this consent form. With the intent to be legally bound, I acknowledge and represent that I understand this memorandum of understanding and sign it voluntarily with full knowledge of the educational benefits and possible risks associated with my participation in this International Trip or Field Trip program.

Print Name

Name of Program

Signature of Student Participant

Date

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***If student participant is under the age of 18, the signature of parent or guardian is required below.**

I certify that I have read this form, understand the provisions hereof and agree to be bound hereby.

Print Name

Name of Program

Signature of Parent or Guardian

Date

Signature of Penn State-
Representative (to be signed after student
Returns form)

Date

Print Name

Print Title