

**STATEMENT OF RESPONSIBILITY, ASSUMPTION OF  
RISK, AND AUTHORIZATION TO PARTICIPATE IN CHRISTOPHER  
NEWPORT UNIVERSITY  
OFF CAMPUS STUDY PROGRAM**

I, \_\_\_\_\_, have voluntarily chosen to participate in the Christopher Newport University \_\_\_\_\_ Off Campus Study program during \_\_\_\_\_. My participation in this program is wholly voluntary. In consideration of being allowed to participate in this program from \_\_\_\_\_ to \_\_\_\_\_, including but not limited to the study abroad program itself, all independent research, free time and/or activities undertaken, I hereby state that I knowingly and voluntarily enter into the Assumption of Risk and Release.

I understand that participating in a study abroad program involves certain risks and hazards including, but not limited to, those particularly inherent to traveling to, from, and in a foreign country. I do hereby state that I am voluntarily participating in the study abroad program and have sufficient understanding and requisite knowledge to recognize and appreciate whatever risks to which I may subject myself during my participation in the study abroad program. In addition, I acknowledge that I am solely responsible for my independent activities and travel during free time, and understand that neither the Commonwealth of Virginia, nor Christopher Newport University or the officers, agents or employees of either are responsible for me while I am engaged independently during such free time.

I understand also that neither the Commonwealth of Virginia, nor Christopher Newport University or the officers, agents or employees of either shall be deemed responsible in any way for the actions of anyone including, but not limited to, the acts or actions of any employees, agents, students, or invitees, of any government, any third party, or the operation and management of any means of transportation, public or private, or facilities used, or those of the airline(s), or of any consequences arising from these or any other activities.

I assume full responsibility for my behavior, conduct, and full financial responsibility for my actions, including but not limited to, the loss of passport, airline tickets, travel tickets, room keys, or fees associated with delays caused by such actions. I understand that as a participant in this off campus program, I am subject to all the laws and regulations of the country, state, or province where I am studying, or where any of the trips are conducted. I realize that there are possible significant cultural and legal differences between the United States and that country. I also understand it is my responsibility to comply with all procedures of the program and obey host-country laws, and I will adhere to Christopher Newport University policies and procedures. I will behave in a manner that is respectful of the rights and well-being of others, and will accept responsibility for my own decisions and actions. I will conduct myself in a manner that will comply with the expectations and regulations of the program administered by its Director(s). I understand that the program Director(s) has/have the authority to discontinue my participation in the program if in his/her judgment, my conduct is unacceptable.

I further understand that I am solely responsible for any and all costs arising out of my voluntary or involuntary termination from the program prior to its completion, including but not limited to withdrawal caused by illness or disciplinary action by Christopher Newport University, my host institution, or the program Director(s).

I understand that the Program Director(s) has/have the right to send me home when he/she determines that this is in the best interest of the health, safety, and general academic welfare of the group or of my own as the individual participant. I understand that if my participation in the program is terminated, I will comply. I further realize this may mean a loss of all academic credit and costs relating to the program. I also understand if there are any other additional costs to send me home early because of my behavior or because of any other reason, I am responsible for all such costs. I also understand that this is an academic program. I understand and agree I am responsible for attendance at all classes, all scheduled trips, and full participation in all courses/program requirements.

I am aware that there are certain risks inherent in international travel and that Christopher Newport University, as an educational institution of the Commonwealth, cannot assume responsibility for all or certain activities in which I engage. I am aware of my personal medical standing and assure Christopher Newport University that I have consulted with a medical doctor, as he/she may have deemed necessary, with regard to any personal medical needs I may have. I am aware that Christopher Newport University cannot be responsible for attending to my medical needs.

I understand that on rare occasions an emergency may develop while I am off campus on a Christopher Newport University study abroad which necessitates the administration of medical care, hospitalization, or surgery. Therefore, in the event of injury or illness to myself and if I am unable to grant permission at the time emergency treatment is required, I hereby authorize Christopher Newport University by and through its authorized representative(s) or agent(s) in charge of the program, to secure any necessary treatment including, but not limited to, the administration of an anesthetic and surgery. I understand that such treatment shall be solely at my expense and I agree to reimburse Christopher Newport University for any expenses which it might suffer on account of my injury or treatment. I understand that I have authorized, not required, Christopher Newport University to secure medical treatment on my behalf.

My signature below indicates that I agree to assume all risks and responsibilities surrounding my participation in the study abroad program, and release the Commonwealth of Virginia, Christopher Newport University, and/or the officers, agents, or employees of either from any such liabilities.

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

\_\_\_\_\_  
(Signature of Parent or Legal Guardian if student is under 18) Date: \_\_\_\_\_

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