

**INTERNATIONAL PROGRAMS**

**LIABILITY RELEASE AND AUTHORIZATION FORM**

**Please send in pages 1-2 only with signature**

Program Name: **GLOBAL IMPACT: PERU**

Program Location: Peru (Sacred Valley, Cuzco, Machu Picchu)

Program Sponsor: ProWorld Service Corps

Program begins: \_\_\_\_\_ and ends: \_\_\_\_\_

I, \_\_\_\_\_, have agreed to participate in an International Program sponsored by the Seattle Colleges ("the College"), in collaboration with international host organizations, in Peru from \_\_\_\_\_ to \_\_\_\_\_ ("the Program"). I understand and hereby acknowledge that my participation in the Program is wholly voluntary. In consideration of being allowed to participate in the Program, I hereby agree as follows:

1) I hereby represent and warrant that I am and will be covered throughout the Program by a policy of comprehensive health and accident insurance which provides coverage for injuries and illnesses I sustain or experience overseas, and, more specifically, in the country in which I will be living and/or traveling while on the Program in Peru. My insurance policy will also cover medical evacuation and repatriation of remains. I have been advised to also purchase travel insurance. **By my signature below, I certify that my health insurance policy will adequately cover me while outside the United States; and, I absolve the College, its employees, agents, and tour leaders of all responsibility and liability for any injuries (including death), illnesses, claims, damages, charges, bills and/or expenses I may incur while I am abroad.** I agree to report to the College any physical or mental condition I have which may require special medical attention or accommodation during the Program at least thirty (30) days prior to departure.

2) I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release and forever discharge the trip sponsor, trip organizers, trip participants, the College and its employees, agents, officers, trustees, and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, claims of negligence, demands, actions, causes of action, judgments, damages, expenses, and costs, including attorneys fees, which arise out of, result from, occur during or are connected in any manner with my participation in the trip and/or any travel incident thereto.

3) I understand that the College reserves the right to make changes to the Program itinerary and volunteer projects at any time and for any reason, with or without notice, and the College shall not be liable for any loss whatsoever to me by reason of any such cancellation or change. The College is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether the College makes a flight arrangement. Any additional expense resulting from the above will be paid by me. The College reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Specific room and housing assignments are within the sole discretion of the College.

4) I understand and acknowledge that the College assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, circumstances beyond the control of the College, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense,

## Seattle College District

accident, injuries, damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carriers beyond the College's control, with or without notice, or for any additional expense occasioned by any of the foregoing. If due to weather, flight schedules, or other uncontrollable factors I am required to spend additional nights, the College will not be responsible for my hotel, transfers, meal costs, or other expenses. My baggage and personal property are transported at my risk entirely. The College reserves the right to decline to accept or retain me in the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of the College, I understand that I may be required to leave the Program in the sole discretion of the College's employees, agents, and representatives, and I may be referred to the appropriate College officials for further disciplinary or other action. In such an event, no refund will be made for any unused portion of the Program. The right is reserved by the College, in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in the College's sole discretion to cancel the Program or any aspect thereof after departure, requiring that all participants return to the United States if the College determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued.

5) I understand and hereby acknowledge that I have received and reviewed the U.S. Consular Information, as well as the Centers for Disease Control information, on travel to, in and around Peru that I am aware of and understand the risks and dangers of travel to, in, and around Peru, including but not limited to the dangers to my own health and personal safety posed by the use of public transportation in Peru, and by civil unrest, political instability, terrorism, crime, violence, and disease in Peru. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks that could arise out of or occur during my travel to, from, in, or around Peru.

6) I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement.

\_\_\_\_\_  
Participant's name (print or type)

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date (mo/day/yr)

\_\_\_\_\_  
Parent/Guardian's name (print or type)

\_\_\_\_\_  
Parent/Guardian's signature\*

\_\_\_\_\_  
Date (mo/day/yr)

***\*REQUIRED IF PARTICIPANT UNDER 18 YEARS OF AGE***

**Participant is advised to undergo a complete health evaluation and secure health/medical insurance for the duration of travel and study, and must select one of the options below to confirm preparations:**

I currently have, or will acquire before departure, adequate major medical insurance which includes international/overseas coverage, medical evacuation, repatriation of remains, and natural disaster and political evacuation. (We will need a photocopy of your insurance card with your name and the fine print of medical evacuation, repatriation of remains, and natural disaster and political evacuation coverage for our records.)

Name of Insurance: \_\_\_\_\_

Policy # \_\_\_\_\_

I will purchase the necessary health insurance pursuant to the requirements of the host country and/or the Sponsoring and/or Host Institution.

Participant's signature: \_\_\_\_\_

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

---

**Addendum (Please read and retain the following page)**

**Preparing for Your Trip to Peru**

**<http://wwwn.cdc.gov/travel/destinations/peru.aspx>**

Before visiting Peru, you may need to get vaccinations and medications for vaccine-preventable diseases and other diseases you might be at risk for at your destination: (Note: Your doctor or health-care provider will determine what you will need, depending on factors such as your health and immunization history, areas of the country you will be visiting, and planned activities.)

To have the most benefit, see a health-care provider at least 4–6 weeks before your trip to allow time for your vaccines to take effect and to start taking medicine to prevent malaria, if you need it.

Even if you have less than 4 weeks before you leave, you should still see a health-care provider for needed vaccines, anti-malaria drugs and other medications and information about how to protect yourself from illness and injury while traveling.