

LAFAYETTE COLLEGE
ASSUMPTION OF RISK AND RELEASE FORM
For Travel to Countries in the US Department of State's
Travel Alert or Travel Warning List

THIS IS A RELEASE OF LEGAL RIGHTS--READ AND UNDERSTAND BEFORE SIGNING.

Name of Applicant (please print): _____

Date of Birth: _____

Program Name/Location/Term: _____

I hereby agree as follows:

I understand that participation in the program specified above (the "Program") involves risks not found in study at the College. These include risks involved in traveling to and within, and returning home from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions; and others matters described on a separate Waiver and Release form which I have received, reviewed, and signed, and which is incorporated by reference in this Risk and Release Form. I have made my own investigation and am willing to accept these risks.

I acknowledge that I have read and understand the US Department of State's "Travel Warning" or "Travel Alert" and/or "Other Source" (please specify: _____) dated _____.

I voluntarily assume the risk of traveling to the above-mentioned Program.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

PLEASE RETURN THE FORM PROMPTLY TO:
OFFICE OF INTERNATIONAL & OFF-CAMPUS EDUCATION
200 SCOTT HALL
EASTON, PA 18042-1768
Email: studyabroad@lafayette.edu
Fax: 1-610-330-5711

6/19/2017