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