Consent, Release, and Assumption of Risk
for Independent (Unaffiliated) Education Abroad Programs

In consideration of being permitted to transfer academic credits from an independent, unaffiliated education abroad program and/or receive certain limited services from Kansas State University Education Abroad, the services of which I may independently choose and elect from available information provided by that Office, I hereby release Kansas State University, the Kansas Board of Regents, the State of Kansas, and all their successors, assigns, agents, officers and employees from all claims, demands, and causes of action of any kind, including claims for negligence, which may arise from my participation in the independent program, and without limiting such release, I acknowledge and agree to all of the following:

I am voluntarily choosing to participate in an education abroad program that I have independently initiated. This may include but not be limited to one or more of the following: an internship, research, conference attendance, academic program, or the like (as applicable, referred to throughout as the “program”). I am solely responsible for any and all travel, living arrangements, my participation in the program, my safety and risk management, as well as any other details related thereto.

I understand that Kansas State University’s involvement in my program is limited to providing the process through which I can receive academic credit, if any, and providing information on travel abroad, based on my requests, when feasible for Kansas State University Education Abroad. I understand that there are risks associated with international travel and residence in another country, which I fully assume. These risks may include, but are not limited to: exposure to potentially serious health and safety hazards such as transportation accidents; damage to, theft, or loss of my possessions; harm from third-party crimes; storms, floods, earthquakes, and other natural disasters; infectious diseases; inadequate medical care; remote access to medical treatment; foreign, political, legal, social, and economic conditions; different standards of design, safety, and maintenance of buildings, public places, and conveyances; armed insurrections; and terrorist activities, all of which may result in personal injury, destruction of property, and death.

I understand that Kansas State University is not and will not supervise or otherwise maintain control over, or assume responsibility for, me, my travel, and my chosen study abroad program, nor any persons or entities affiliated therewith.

I understand that each country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, alcohol and drug use, and behavior. I will become informed of, and will abide by, all such laws and respect the standards and cultural differences for each country to which I travel.

I understand that host institutions and program provider(s) may have agreements, policies, rules, and/or guidelines to which I will be subject and by which I agree to abide.

I have read, understand, and agree to the Payment and Refund Policy for Education Abroad Programs set forth by the Kansas State University Education Abroad, and I understand how the policy applies to me and my particular program. The Policy is currently available at https://www.k-state.edu/abroad/about/Payment%20and%20Refund%20Policy%20for%20Kansas%20State%20Education%20Abroad%202018.pdf, and incorporated herein by reference.

The laws of the state of Kansas shall govern the validity, construction and enforceability of this agreement, without giving effect to its conflict of laws principles. All suits, actions, claims and causes of action relating to the construction, validity, performance and enforcement of this agreement shall in in the court of the state of Kansas, county of Riley, or a federal court in Kansas. I have read and understand this Consent, Release, and Assumption of Risk, and agree that this document legally binds me, my heirs, assigns, and my estate.

I have reviewed and understand the CONDITIONS OF PARTICIPATION/PARTICIPANT CONSENT,
RELEASE, AND ASSUMPTION OF RISK, understand and assume the risks associated with my participation in the program, and agree that this document constitutes an agreement that legally binds me, my heirs, assigns, and my estate.

By clicking the button CLICK HERE TO SIGN DIGITALLY below, I acknowledge that I have read and understand this Conditions of Participation Agreement and Assumption of Risk and Release for Unaffiliated Programs and fully understand the risks associated with the participation in the programs.

***If Participant is under 18 years of age, the Participant’s parent or legal guardian must agree and sign as follows:

I have reviewed and understand the CONDITIONS OF PARTICIPATION/PARTICIPANT CONSENT, RELEASE, AND ASSUMPTION OF RISK, understand and assume the risks associated with my child’s participation in the program, and agree that this document constitutes an agreement that legally binds me and my child, and our heirs, assigns, and estates.

Signature of Participant’s Parent/Legal Guardian ________________________________ Date ________________

Printed Name of Participant’s Parent/Legal Guardian ________________________________