This is the only form approved by Xavier University for this purpose. It may not be modified or changed in any way.
in an off-campus experience I further promise to exercise common sense and good judgment, and to conduct myself at all times in a manner that is appropriate to this Experience. I promise to abide by the participating Xavier faculty member or employee’s discretion regarding any particular interpretation of any of these terms and promises, and I promise to follow the participating Xavier faculty member or employee’s directions at all times (if applicable). I understand that by breaking any of these promises, or for any other reason deemed appropriate by Xavier or its representatives, that my participation in this experience may be immediately terminated and/or I may forfeit some or all of the academic credit, payment, or other compensation to be earned as a result of my participation, if any.

V. **Emergency Medical Care.** I recognize that occasionally an individual participating in this type of experience may face a health emergency requiring local hospitalization or emergency treatment. As a result, I authorize Xavier, through its representatives, to secure emergency medical care, hospitalization, surgical treatment, or dental treatment for me during my participation in this experience. However, I understand that Xavier is under no duty to secure such care or assist me in any other way in the event of such a health emergency. I further understand that Xavier is in no way responsible for any costs or other damages arising from my participation in this experience, or resulting from any assistance provided or not provided under this paragraph.

VI. **Emergency Contact Information.** In the event of a health emergency, I authorize Xavier, through its representatives, to contact the person(s) designated below.

<table>
<thead>
<tr>
<th>First Emergency Contact</th>
<th>Second Emergency Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>Relationship:</td>
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VII. **Health History.** I certify that I have accurately provided my health history information below.

I have the following health problems, drug allergies and/or reactions that Xavier needs to be aware of in the event of an emergency [write “none” if not applicable]:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

VIII. **Medical Insurance Coverage.** By signing this Agreement, I acknowledge that I have the medical insurance coverage as may be required by the particular Experiences, or that I am not covered by medical insurance because the Experiences do not require such coverage. I acknowledge that Xavier University is not responsible for any costs associated with any emergency health treatment, and that this applies regardless of whether I do or do not have medical insurance coverage. I further acknowledge that Xavier University is not required to pay for any evacuation, reunion, or repatriation of remains costs that arise out of my participation in the Experiences.

IX. **Student Professional Liability Insurance.** I acknowledge that Xavier carries student professional liability insurance that may provide some coverage to me as I participate in these Experiences.

X. **FERPA Release.** I acknowledge that I have certain privacy rights as a Xavier student under the Family Educational Rights and Privacy Act found at 20 U.S.C. § 1232g (“FERPA”). In accordance with FERPA, by signing below, I consent to the release of my education records maintained by Xavier to the Entities, which are necessary for or relevant...
to my participation in this Experience, in Xavier’s sole discretion. Additionally, I give my consent for Xavier to discuss these education records and matters related thereto with the Entities.

XI. **Waiver of Liability.** I understand and agree that Xavier does not assume responsibility or liability for and has not made, does not make, and cannot make any representations whatsoever regarding my personal health and safety or that of my property while participating in this Experience. I release Xavier from all claims, including negligence, that may arise from my participation in this Experience, whether foreseen or unforeseen, known or unknown, and I assume full responsibility for any injuries, damages, or losses that may arise out of my participation in this Experience, up to and including my death.

XII. **Acknowledgment.** In consideration of Xavier’s financial or other support of this Experience, and because I am voluntarily participating in this Experience, I acknowledge and agree that I assume all risks associated with participating in this Experience and agree to the terms set out in this Agreement. I understand that I may discontinue my participation at any time.

In this Agreement, “Xavier University” means Xavier University, all past and present directors, trustees, officers, employees, agents, insurers, attorneys, and any other party associated with Xavier University, including but not limited to any Xavier University faculty members or employees that were involved in the planning of, making arrangements for or conducting of this Experience. This Agreement shall be construed in accordance with the laws of the State of Ohio. Should any portion of this Agreement be held invalid, the remaining portion shall not be affected and shall continue to be valid and enforceable. I acknowledge that this Agreement shall bind me as well as my family members, heirs, executors, administrators, personal representatives, dependents, successors and assigns.

I acknowledge that I have read the instructions for completing this Agreement. I certify that I have read and understand this Agreement, and I freely sign it, acknowledging the significance and consequences of doing so. I also acknowledge that I have had all my questions answered to my satisfaction regarding this Experience and this Agreement.

By signing below, I assert that I am at least 18 years of age. If I am not yet 18 years of age, I understand that my parent or legal guardian must also sign below before I may participate in this Experience.

- [ ] I am 18 years of age or older.
- [ ] I am not 18 years of age or older.

Participant’s Signature ___________________________ Date ____________

Banner ID

If under 18, parent or guardian MUST complete this section:

Printed Name: _______________________________________
Signature: _______________________________________
Date: _______________________________________
Relationship: _______________________________________
Address: _______________________________________
Phone Number: _______________________________________
E-mail: _______________________________________

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