



RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFICATION STATEMENT

(Each individual planning to participate in the American Junior Year (AJY) Program at Heidelberg University or the Heidelberg at Heidelberg Summer Program in German & European Studies in Heidelberg, Germany, must complete and return this form to the Tiffin office: Heidelberg University, 310 E. Market St., Tiffin OH 44883)

The undersigned hereby releases Heidelberg University, its agents, officers and employees from all responsibility and any liability for any injuries, illness and /or loss which may result from or arise out of, or be connected with my participation in the Heidelberg University program known as the American Junior Year (AJY) Program in the Federal Republic of Germany. This Release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated, and unsuspected injuries, damages, loss and liability, and the consequences thereof. The provisions of any State, Federal, Local or Territorial law or statute providing in substance that releases shall not extend to claims, demands which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived.

In signing this release I acknowledge that any travel, in the United States and in any foreign country, may be dangerous and may result in harm to me and my property. I understand that terrorist acts and other surprise incidents of violence can take place anywhere in the world. I voluntarily accept and assume these risks and dangers and release Heidelberg University from all responsibility and any liability for any injuries and /or damages which may result from my decision to participate in this program.

I further promise, covenant and agree not to bring, commence, prosecute or maintain, or cause or permit to be brought, commenced, prosecuted or maintained, any suit or action, either at law or in equity, in any court in the United States or in any State thereof, or elsewhere, against Heidelberg University, its agents, officers and /or employees for personal injury, property damage or any other type of loss, arising out of, or in any way connected with my participation in said program.

I also agree to indemnify and hold harmless Heidelberg University, its agents, officers and employees from all liability, claims, demands and damage or cost, arising out of my participation in said program.

I authorize University personnel or representatives to approve emergency medical treatment for myself in the event of injury or illness during my participation in the program. AJY provides all participants with comprehensive health insurance coverage, as well as liability insurance and coverage for medical evacuation and repatriation of remains. In all these instances the fee for coverage is included in the program fee.

I understand and agree that this release is binding on me and my heirs, executors, administrators, personal representatives and next-of-kin.

My signature denotes my understanding of, and agreement with, this statement and its implications.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, 20_____.

Signature of Program Participant

Address: _____

Printed Name of Program Participant

Program Participant signature witnessed by:
