

**Assumption of Risk and Responsibility,
Covenant Not to Sue, and
Waiver of Claim and Release**

In consideration for being selected as a candidate for participation in The University of Montana faculty-directed study abroad program, I, _____, in full recognition and appreciation of the cultural changes, dangers, and requirements of the _____ program, during the period _____ do hereby agree to assume all risks and responsibilities surrounding my study abroad and any independent research or activities undertaken as adjunct thereto including travel to and from _____.

I have received from The University significant information and orientation concerning my foreign study program. This preparation has made me aware of the demands and adjustments I shall be required to make. In addition, I am aware of the residential living conditions, financial obligations, course load requirements, and time restraints necessary for my participation in this foreign studies program.

In consideration for being permitted to study in a foreign country, I hereby covenant not to sue the State of Montana, The University of Montana, the organizing association for my foreign study, and any of the employees or agents thereof. I do for myself, my heirs, and personal representatives hereby agree to defend, hold harmless, indemnify and release and forever discharge any and all causes of action, claims or demands arising from damage to personal property, personal injury or death which may result from my participation. I shall also not hold The University of Montana responsible for actions taken or not taken by the overseas institution of affiliation under this exchange program, which result from causes beyond the control of and without the fault or negligence of The University of Montana, its officers, agents or employees, during the period of my participation as aforesaid.

I, _____, have read and understand the above statement and, being of the age and majority and fully competent to contract and aware of the risks involved in foreign studies, do voluntarily assume all risks in any way incident to the foreign exchange study program.

Signature of Participant: _____ Date: ____/____/____

Signature of Witness: _____ Date: ____/____/____