

THE UNIVERSITY OF AKRON EDUCATION ABROAD
PROGRAM PARTICIPATION AGREEMENT AND RELEASE AND WAIVER OF LIABILITY

Name: _____ UA ID Number: _____

Program Dates and Location(s): _____

If applicable Student Organization: _____

Please read all provisions of this Agreement carefully before signing.

Acknowledgment and Acceptance of Risk. Recognizing that participation in the Program is voluntary and that participants voluntarily assume certain inherent risks, I acknowledge and agree that neither the University, its employees, its Board members, officers, employees, the Student Organization, responsibility for damages to or loss of my property, any personal illness, any personal injury, or

11. **Damage or Loss.** I understand and agree that I may be charged for damage to property of the University or its partners.

12. **Governing Law.** I agree that if there is any dispute concerning my participation in the Program or the interpretation of this Agreement, any such disagreement shall be determined in accordance with the laws of the State of Ohio.

13. **Entire Agreement and Modification.** The terms and conditions of this Agreement represent the

previous or contemporaneous agreements with the University on this subject, whether written or oral, and cannot be changed or amended in any way without the written concurrence of the parties.

I further agree that, should any provision or aspect o_oTc0u2(m)17.00c96 (i)4.11.0rimrn any0.996 (r)2.0046005200