UNIVERSITY OF SAN FRANCISCO
RELEASE OF LIABILITY, WAIVER OF RIGHTS, ASSUMPTION OF RISKS
AND INDEMNITY AGREEMENT

I, _______________________________________________(student participant), hereby
acknowledge that I have voluntarily applied to attend the University of San Francisco
(USF) 2014 Summer Law Program, Destination: __________________________________________

Dates: From ____________________________ To ____________________________

Elective Participation. I acknowledge that my participation is elective.

Informed Consent. I have been informed and I'm confident that I understand the various aspects of the Program, including but not limited to the arrangements for finance, travel, itinerary, logistics, cancellation, and academic content/credit. I further understand and acknowledge that despite the most careful planning and supervision, serious injuries and death occasionally occur during any travel and that persons engaged in travel anywhere in the world occasionally sustain mortal or serious personal injuries, property damage or severe social and economic loss as a consequence of not only their own actions, inactions, or negligence, but the actions, inactions, or negligence of others, weather conditions, conditions of equipment used, language barriers, differing social cultures and national laws and that there may be risks not known to me or not reasonably foreseeable at this time. Additionally, I understand that foreign travel in some instances can be extremely dangerous and ill advised. The risk of such travel includes death, great bodily injury and kidnap for ransom. In the event I decide to participate in such travel, I agree to assume all responsibility as stated below. Updated travel information and advisories may be obtained from the US Department of State at http://travel.state.gov/content/passports/english/alertswarnings.html.

Acceptance of Risk and Release. I accept full responsibility of the foregoing risks of property damage, injury, permanent disability or death. In consideration of the opportunity to participate, I, the undersigned, hereby release and discharge USF, its officers, employees, and agents from all liability as defined herein arising out of, or in connection with my participation in the above described arrangement. For the purpose of this Agreement, liability means all claims, demands causes of action, suits, or judgments of any and every kind (including court cost and attorneys' fees) that I, my heirs, executors, administrators or assigns may have against USF, or that any other person or entity may have against USF because of my death, personal injury or illness, or because of any loss of damage to property, that occurs during the above described arrangement that results from any cause, except for loss arising out of the sole negligence or willful misconduct of USF, its directors, officers, employees and/or agents.

I hereby agree that this Agreement shall be construed in accordance with the laws of the State of California Rules and Requirements. I agree to accept all the rules and requirements of the Program. I further grant the right to USF to terminate my
participation in the program if it is determined that my conduct is detrimental to the best interest of the group, in which event return home shall be at my personal expense.

Medical Consent. In the event of any medical emergency, I (initial one) do_____do not_____ authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical safety and protection. Before departure, I will inform USF personnel of any special medical needs that may adversely affect full participation in the Program. (On a separate page please explain any health conditions, special circumstances, medications, or allergies.) I, the undersigned, have read the above release and assumption of risks and understand that I give up substantial rights by signing it and sign it voluntarily.

______________________________________________________
Printed Name of Adult Participant

_______________________________________________________________
Signature of Adult Participant

_______________________________________________________________
Date