



CONNECTICUT COLLEGE

Connecticut College Domestic Off-Campus Engagement Waiver

I, _____, am a student in good standing at Connecticut College ("the College"), and am voluntarily participating in a Domestic Off-Campus Engagement (OCE).

I understand that the College has the right to make changes to the OCE, with or without notice, and that the College does not represent any outside provider of services.

By initialing each section below, I indicate that I understand each section and statement:

Health and Safety

I understand there are inherent risks involved in travelling and participating in OCE in other locations, including: risks of injury, illness, or death from traveling to and from the location of the OCE; risks associated with different weather and climate conditions; risks of injury and/or disease from exposure to potentially dangerous plants, animals, allergens, and disease-carrying ticks or insects; risks associated with the quality, availability, or accessibility of health care; and other known and unknown risks. I am willing to accept these risks. I affirm that I have read and signed the Medical Disclosure Form. I recognize the College is not responsible for any of my medical or medication needs and I assume all risk and responsibility therefore. I will be responsible to meet any and all needs for payment of medical costs during the period of the OCE.

Initials: _____

Standards of Conduct

I understand that each state has its own laws and that I will abide by all such laws. I will attend to any legal problems I encounter during the OCE or while travelling independently. I understand that the use, purchase or sale of illegal substances will be sufficient cause for immediate dismissal from the OCE.

I further agree to abide by the rules and regulations specific to the OCE as well as those of Connecticut College, and I will continue to be bound by the Honor Code with all its responsibilities and implications. In the event the OCE sponsors determine I have failed to observe the proper standards of conduct, they have the authority to have me sent home at my own expense. If this action results in the potential loss of good standing, I acknowledge and accept full responsibility. I understand the College has the right to enforce its rules and the Honor Code when I return home in accordance with its existing policies and procedures.

I acknowledge I am considered an adult and am expected to take responsibility for my actions while taking part in the OCE. As such, any activities I take part in, whether as a part of the OCE or separate from the OCE, will be considered to have been done with my understanding of any and all risks involved.

Failure to adhere to any of the above may result in expulsion from the OCE.

Initials: _____

Assumption of Risk, Release of Claims and Indemnifications

Knowing the risks and rules cited above, I acknowledge that I voluntarily agree to accept all the risks and responsibilities involved with my participation in the OCE. I agree to release, indemnify and forever discharge the College, its trustees, officers, employees, agents and assigns from any and all loss and liability in connection with any personal injury, accident, property damage, claims, costs, expenses or other loss incurred by me during, arising out of, or in any way associated with my participation in and travel involved with the OCE, including loss arising from negligence by the College and its employees, agents, and contractors. I further agree to indemnify the College, its trustees, officers, employees, agents and assigns from any actions brought against it in connection with my acts or omissions during my participation in or travel to or from the OCE.

This Domestic Off-Campus Engagement Waiver is to be construed under the laws of the State of Connecticut, and if any term or provision of this document is held illegal or unenforceable, the balance shall, notwithstanding, continue in full legal force and effect.

Initials: _____

I HAVE READ, UNDERSTAND AND AGREE TO THE DOMESTIC OFF-CAMPUS ENGAGEMENT WAIVER

Student ID#: _____

Student Last Name: _____ Student First Name: _____

If the Domestic OCE is affiliated with a course, please complete below:

Student Signature: _____ Date*: _____

Semester/Year: _____ Course Name/Number: _____

applicable)

(Enter N/A if not

Faculty/Staff Member Full Name: _____

*For recurring OCE's in connection with an academic course during one semester, this waiver will remain in effect for the duration of the class.