

# Bethel University

## Waiver and Release of Claims

The undersigned is a participant in a special activity sponsored by Bethel University (hereafter "Bethel"). In order to participate in the special activity, which in this case is a trip to \_\_\_\_\_, which is an integral part of Bethel's Leadership Development Program, the undersigned agrees to the following:

1. The undersigned agrees to waive and release Bethel, a non-profit Minnesota Corporation, and all persons and entities in interest with Bethel, including administrators, faculty members, staff members, and other employees, agents and representatives of Bethel of and from any and all claims, actions, or suits, for personal injury, death, property damage, or other loss, sustained by the undersigned in connection with the special activity identified above.
2. The undersigned agrees to abide by policies and behavioral guidelines established by Bethel and/or the program director to be necessary for the operation of the above program. I acknowledge that Bethel's Lifestyle Expectations apply to this special activity. Should the director decide that a student must be separated from the program because of violation of such guidelines and policies, for disruptive or culturally inappropriate behavior, or for conduct which could bring the program into disrepute, that decision will be final. All loss and expense incurred in the event of the termination of the undersigned's participation in this special activity, including cost of travel, must be borne by the undersigned.
3. The undersigned understands and agrees that Bethel is not responsible for cancellation or changes in travel and program schedules or adjustments in announced fees for this special activity caused by changes in air tariffs, lodging rates, or fares charged by those engaged for such services. The undersigned further agrees that in the event of an act of war, terrorism, strikes, Act of God, or other emergency, which causes this special activity to be canceled in whole or part, any fund due the undersigned will be determined by Bethel in its discretion.
4. The undersigned understands and agrees that Bethel is not responsible for medical expenses if the undersigned requires medical treatment during the undersigned's participation in the above described special activity. If the undersigned is physically incapacitated for medical reasons, the undersigned agrees that Bethel, or its representatives, may make reasonable arrangements for the medical care of the undersigned in emergency circumstances and any such medical expenses are the responsibility of the undersigned.
5. The undersigned hereby grants Bethel and its agents full authority to take whatever actions they may consider to be warranted under the circumstances regarding the undersigned's health and safety, and fully releases each of them from any liability for such decisions or actions as may be taken in connection therewith. The undersigned authorize Bethel and its agents, at their discretion, to place the undersigned, at his/her (or his/her parents') expense, and without my further consent, in a hospital within or outside the United States for medical services and treatment, or, if no hospital is readily available, to place the undersigned in the hands of a local medical doctor for treatment. If deemed necessary or desirable by Bethel or its agents, the undersigned authorizes them to transport him/her back to the United States by commercial airline or otherwise at his/her own (or his/her parents') expense for medical treatment. In any case, Bethel may take whatever action it deems necessary, including transporting the undersigned back to the United States or out of the host country (at his/her or his/her parents' expense), due to any international or political unrest, personal emergency or other event which Bethel in its sole discretion, determines is in the undersigned's best interest. In the event Bethel or its agents advance or loan any moneys to the undersigned or incur special expense on his/her behalf while s/he is abroad, the undersigned (and his/her parents) agree to make immediate repayment upon his/her return.
6. The undersigned agrees that any independent traveling on weekends and holidays during the period covered by the program and after the conclusion of the program will be at the expense of the undersigned. The undersigned understands that Bethel is not responsible for any injury or loss whatever suffered by me during periods of independent travel (which I understand are unsupervised) or during any absence from university sponsored activities.

Participant's Signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

Are you a dependent\*?  yes  no If so, you must obtain the signature of your parent/guardian.

(\*A dependent is anyone whose parent/guardian claims him/her for financial aid purposes.)

I understand that my daughter/son has read and agreed to the above and I also agree to the above terms.

Signature of Parent or Guardian \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

**OVER, please →**

# Bethel University Off-Campus Travel Disclosure Statement

Travel always carries with it the possibility of unique risks and hazards. This may be especially true of travel in foreign countries where standards of health care, sanitation, public safety and similar conditions may be much different from what we may expect of travel within the United States. Foreign risk factors may also be enhanced because of difficulties with language, customs, culture, politics and law.

Bethel makes reasonable efforts to avoid unnecessary hazards and risks which may occur in special activities that involve off campus travel. Bethel has sponsored missions programs for over ten years and there have been few incidents and no major problems in any of the programs. Nevertheless, the experience requires that students in many cases, travel in an uncontrolled environment. The student will be exposed to the culture of the host country with the common risks that all travelers in that country might experience. Each student participating in such a program should fully understand that the program and associated travel can be undertaken only (and solely) at his/her own risk.

Fiscal constraints do not allow Bethel to be an insurer for any of its travel activities and it does not carry insurance that will cover participants; specifically Bethel does not carry medical insurance that will cover expenses of injury or illness incurred while traveling off campus. Each student must obtain appropriate health insurance that will provide them with necessary coverage in the event of injury or illness while traveling off campus, including travel outside of the United States. Please contact your insurance agent to be certain that you have adequate health, accident and life insurance, as well as property and casualty insurance if appropriate. You should also plan on bringing contingency funds to pay for any emergencies that may arise.

It is also extremely important that each participant in the travel program attend the orientation and read the information brochure on healthy travel. It is your personal responsibility to contact your health care provider for immunizations and other special health needs that may attend foreign travel.

This disclosure is provided to you to be certain you are aware of these facts. If you have specific questions concerning any aspect of the program in which you are participating, you should contact the Bethel University Office of Student Life at 651.638.6300.

I have read this disclosure, understand its contents, and accept the risks discussed.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## Representation of Hospital and Medical Coverage

The undersigned agrees that he/she has in effect a policy or policies of medical and hospitalization insurance providing medical and hospital expenses benefits, and that the policies are in full force during the time period in which the undersigned is a participant in the special activity stated above.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Medical Insurance Company \_\_\_\_\_

Phone (preferably 1-800) \_\_\_\_\_

Policy # (if applicable) \_\_\_\_\_

ID # (if applicable) \_\_\_\_\_

Group # (if applicable) \_\_\_\_\_

**IMPORTANT: For clarity, please use Ø for the number zero, and O for the letter O. Also, please use 7 for the number seven and Z for the letter "Z".**

• Please see other side •

Please return forms to: Office of Student Life, 3900 Bethel Drive #2388, St. Paul, MN 55112 FAX#651-635-2364