

THE PENNSYLVANIA STATE UNIVERSITY

MEMORANDUM OF UNDERSTANDING BY TRAVEL PROGRAM PARTICIPANTS

1. **Consent to Emergency Medical Treatment:** I understand that on rare occasions an emergency may develop which necessitates the administration of medical care, hospitalization or surgery. Therefore, in the event of injury or illness to myself (my daughter, son) necessitating emergency medical care, I hereby authorize The Pennsylvania State University, by and through its authorized representative(s) or agent(s) in charge of said program, to secure any necessary treatment, including the administration of anesthetic and surgery. It is understood that such treatment shall be solely at my expense, and I agree to reimburse the University for any expense which it might suffer on account of said injury or illness or treatment thereof.
2. **Assumption of risk:** I am fully aware of risks and hazards connected with participation in the travel program, including the risks of negligent or criminal acts of third parties. I hereby elect to voluntarily participate in this program, and I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me as a result of participating in this program.
3. **Release from liability:** I understand and do hereby agree that The Pennsylvania State University, its officers, employees, agents and representatives shall not be liable for any claims, demands or causes of action based upon or arising out of any illness or injury (including death), property loss or damage, deviation, delay or curtailment, however caused, which I (my daughter, son) may suffer in connection with my enrollment in this program.
4. **Indemnification:** I understand and do hereby agree to indemnify and hold harmless The Pennsylvania State University, its officers, employees, agents and representatives from any and all claims, demands, causes of action and all expenses incidental thereto (including reasonable attorney's fees), based upon or arising out of any personal injury (including death) or property damage or loss caused by or resulting from my (my daughter's, son's) acts or omissions during enrollment in this program.
5. **Program Cancellation and Withdrawal:** I understand that The Pennsylvania State University reserves the right to decline any application or cancel any program without notice, in which event all monies paid will be refunded in full. The University reserves the right to require withdrawal from the program of any participant whose continuation would be detrimental to herself/himself, to others or to the University. Return passage and other expenses due to such involuntary withdrawal are to be defrayed by the student concerned.

With the intent to be legally bound, I acknowledge and represent that I have read this Memorandum of Understanding, understand it and sign it voluntarily with full knowledge of the educational benefits and possible risks associated with my participation in this program.

Signature of participant

Program

Date

*If participant is under the age of 21, the signature of parent or guardian is required below.

Signature of parent or guardian

Date

Passport Number _____

Expiration Date _____

