



HARVARD UNIVERSITY

Harvard University Risk and Release Form  
HARVARD COLLEGE AND  
GRADUATE/ PROFESSIONAL SCHOOLS

**INTERNATIONAL INTERNSHIP OR OTHER PROGRAM  
CONDITIONS OF PARTICIPATION and  
ASSUMPTION OF RISK AND GENERAL RELEASE**

***THIS IS A RELEASE OF LEGAL RIGHTS -  
READ AND UNDERSTAND BEFORE SIGNING***

I am a student at Harvard University (“Harvard”) and have chosen voluntarily to participate in the

Internship or other Program in \_\_\_\_\_ (“the Program”). I understand that participation in the Program is not a requirement for graduation from Harvard. This agreement confirms my understanding of the following:

1. Risks of International Travel. I understand that participation in the Program involves risks not found in study within the United States. These include, but are not limited to, risks involved in traveling to, from and within international locations; foreign political, legal, medical, social, and economic conditions; different standards of design, safety, and maintenance of buildings, public places, and conveyances; and local weather conditions. The country or countries to which I will travel may have health and safety standards that differ from those enjoyed in the United States, and I recognize that I may be subjected to potential risks, illnesses, injuries, and even death. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly.

I also acknowledge that in working, living, and traveling in cities abroad, I may experience problems associated with urban living, such as increased crime, pollution, high population density, lower standards of living, and health standards that are different from those to which I am accustomed in the United States. I further understand that my living arrangements may involve: long commuting distances between accommodations and classes; lack of privacy in accommodations; restrictions on heating and/or water usage; lack of air conditioning; lack of a smoke-free environment; lack of easy access or no access to word processing and/or electronic mail; and/or unfamiliar food.

I recognize that my day-to-day choices and behaviors can have a major impact on my health and safety during my participation in the Program and promise to take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that Harvard recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well-being.

I understand that, although Harvard has organized the Program, it cannot eliminate all risks or guarantee my safety while I am abroad. I have read and understood all information on the U.S. State Department website (<http://travel.state.gov>) about the country or countries to which I am traveling, including, without limitation, the U.S. Department of State Consular Information Sheet and the State Department Warning (if applicable). I also have reviewed the U.S. Centers for Disease Control health advisory information relating to travel abroad found at

<http://www.cdc.gov/travel>, and any additional information available from the World Health Organization website (<http://www.who.int/>). With knowledge of this information, I have made the independent judgment to participate in the Program.

2. Independent Travel. I agree to use any transportation provided by the Program for the duration of the Program. I take full responsibility for travel both to and from the Program location, and for any independent travel before the start of the Program or following its close. I understand that Harvard may limit or restrict entirely independent travel during the Program, and agree that, if I wish to travel independently during the Program, I must submit an itinerary to my Program leader for advance approval. I recognize, however, that approval by my Program leader does not mean that the itinerary or destination(s) are safe, and agree that I will assume all risks of any such independent travel.
3. Cost. I understand that I will be responsible for all costs of the Program beyond those covered by any award or financial aid that I may receive, as well as any additional expenses that I may incur during the Program.
4. Standards of Conduct. I recognize that I have an important personal obligation to conduct myself in a manner compatible with local laws and regulations; with Harvard's policies for student conduct set forth in the *Handbook for Students*, in this Agreement, and in any Program-specific materials; and with the policies of my host family and organization. I will become informed of, and will abide by, all such laws, regulations, standards and policies, including without limitation those involving the use and sale of drugs and alcohol, and promise to act responsibly and with respect for persons and property. I will participate fully in all Program components, and will refrain from conduct that is improper, offensive, or otherwise inappropriate for the Program and/or for study in a cross-cultural environment generally, or that is potentially detrimental to my own or others' health or safety. Examples of such conduct include, but are not limited to, disorderly behavior, sexual harassment or misconduct, the use of drugs, or excessive alcohol consumption. I understand that if at any time during the duration of the Program I fail to honor this agreement, then Harvard may, in its sole discretion, immediately dismiss or withdraw me from the Program, or place me on probation for the remainder of the Program, with severe restrictions on my nonacademic activities.
5. Risks of Particular Activities. I agree not to engage in activities deemed by Harvard or commonly understood to be dangerous to individual safety and/or Program integrity. These include, but are not limited to, motorcycling, hitchhiking, driving or renting a car, parachuting, bungee-jumping, hang-gliding, riding in private airplanes, rock climbing, white water rafting, scuba diving, and any other activity so designated by my Program. I understand that if I am unsure whether a particular activity is prohibited, I must discuss the activity with my Program leader and obtain advance approval before taking any steps to engage in that activity. I recognize, however, that approval by my Program leader does not mean that the activity is safe, and agree that I will assume all risks of engaging in any such activity.
6. Health Insurance; Medical Care; Other Emergencies. I understand that I am responsible for obtaining any recommended immunizations before traveling to my destination. During my participation in the Program, I will carry valid and current medical insurance and have a valid insurance identity card to bring. I have reviewed my coverage and have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while traveling abroad. I will be solely responsible for payment in full of all costs of medical care I may receive overseas.

I am also aware that, during my participation in the Program, I will be automatically enrolled in, but must register for, the International SOS Travel Assistance Program ("ISOS"), which offers medical information and evacuation, emergency assistance including translation services, legal referrals, and general travel advice and is a supplement to, not a substitute for, health insurance. I

have reviewed the information about ISOS found at: [http://vpf-web.harvard.edu/rmas/4\\_insurance/Intnlisos.html](http://vpf-web.harvard.edu/rmas/4_insurance/Intnlisos.html).

I authorize Harvard to obtain appropriate health care for me in the event that I need it but am unable to obtain it for myself. I further agree to hold harmless and indemnify Harvard for any and all actions taken by Harvard to provide necessary emergency medical care to me during the Program. I also understand and agree that if I experience serious health problems, suffer an injury, or am otherwise in a situation that raises significant health and safety concerns, then Harvard may contact my parents or any other person whose name I have provided as my "emergency contact." I understand that Harvard ordinarily will not initiate such contact without first having a discussion with me.

7. Trip Arrangements. I understand and agree that if, as part of the Program, Harvard has made arrangements for me to be housed with a host family, then I will I agree to abide by the rules and customs of my host family while I am a guest in their home. I understand that Harvard does not represent or act as an agent for, and cannot control the acts or omissions of, any host family, employer, transportation carrier, hotel, tour organizer, or other provider of food, goods, or services involved in the Program. I understand that Harvard is not responsible for matters that are beyond its control, and that it cannot warrant the safety or convenience of the circumstances under which I will be living or working.
8. Refunds; Schedule. Should I decide to withdraw from the Program before it begins, I will be subject to the Program's rules with respect to refunds of any Program fees or deposits paid. I understand that in no event will the Program reimburse me if I have purchased travel tickets or made other travel arrangements that are either non-refundable or subject to cancellation fees. I understand that, in addition to being withdrawn from the Program under circumstances set forth elsewhere in this Agreement, I also may be withdrawn if I leave the Program at any time without prior authorization from the Program leader. I acknowledge that in the event of my withdrawal or dismissal from the Program for any reason once it has begun, I will receive no refund from the Program, and I will bear any additional travel or other expenses incurred as a result.
9. GENERAL RELEASE. Knowing the risks described above, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Project. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify Harvard, and its officers, directors, faculty, staff, representatives, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, related to my participation in the Program (including periods in transit to or from my destination), resulting from any cause, including but not limited to ordinary or gross negligence.

I certify that I am age 18 or older. I have carefully read and freely signed this Assumption of Risk and General Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the Commonwealth of Massachusetts (excluding its conflict of laws principles), which shall be the forum for any lawsuits filed under or incident to this agreement or the Program.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name (print) \_\_\_\_\_

Harvard College Residential House Affiliation (if applicable): \_\_\_\_\_

If student is under age 18, the parent and/or legal guardian must sign below:

I, the undersigned parent and/or legal guardian of the student listed above (the "Student"), do hereby consent to his or her participation in the Program. I, as the parent of the Student and on behalf of the Student, release, hold harmless and agree to indemnify Harvard, and its officers, directors, faculty, staff, representatives, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I or the Student may suffer, or for which the Student may be liable to any other person, related to the Student's participation in the Program (including periods in transit to or from the Student's destination), resulting from any cause, including but not limited to ordinary or gross negligence.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

*United States:*

First Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (cell) \_\_\_\_\_

E-Mail Address(es): \_\_\_\_\_

Second Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (cell) \_\_\_\_\_

E-Mail Address(es): \_\_\_\_\_

*Site:*

Site Name (if any) \_\_\_\_\_

Sponsor (if any) \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (cell) \_\_\_\_\_

E-Mail Address(es): \_\_\_\_\_