

# SUMMER INSTITUTE IN URBINO, ITALY

## STATEMENT OF RESPONSIBILITY, RELEASE AND INDEMNIFICATION (R1)

*Applicants will have this document notarized and return it with all other required forms as part of the completed application.*

I, \_\_\_\_\_, agree to participate in the Summer Institute in Urbino, Italy, under the American Council of Colleges in Italy (A.C.C.I.) Inc, directed by Dr. Michael Vena from July \_\_\_\_, 20\_\_ to August \_\_\_\_, 20\_\_. I understand and hereby acknowledge that my participation in the Program is wholly voluntary. In consideration of being allowed to participate in the program, I hereby agree as follows:

I have been advised and am aware of the inherent and/or latent danger (including but not limited to: risk of serious injury, the hazards of travel, accident, or illness, or acts of God) of participating in a program requiring international travel. I am aware and have been advised to have a medical examination *prior* to participating in this activity to insure that I am in good physical health. Further, I hereby represent and warrant that I am and will be covered throughout the Program by a policy of comprehensive health and accident insurance which provides coverage for injuries or illness I may sustain or experience overseas. By my signature below, I certify that my health insurance policy will adequately cover me while outside the United States; and I have and do hereby note, understand, and assume all risks, release and will hold harmless, The Summer Institute in Urbino, Italy, The American Council of Colleges in Italy (A.C.C.I.) Inc., the University of Urbino, Program Director Dr. Michael Vena, and all staff, faculty, instructors, employees and agents from any and all liability or actions which may rise from or in connection with this activity except for that which arises out of the negligent acts or omissions of the University or its employees, for any injuries (including death), illness, claims, damages, charges, bills and/or expenses I may incur while I am abroad. I agree to report to the University any physical or mental condition I have which may require special medical attention or accommodation during the program at least thirty (30) days prior to departure.

I have and do hereby note, understand, and assume all risks and will hold harmless The Summer Institute in Urbino, Italy, The American Council of Colleges in Italy (A.C.C.I.) Inc., The University of Urbino, Program Director Dr. Michael Vena, and all staff, faculty, instructors, employees and agents from any and all liability or actions which may rise from or in connection with this activity, except for the negligent acts or omissions of the University and its employees, for any and all risks including but not limited to any delays, delayed in departure or arrival times, fare changes, dishonored hotel, airline or vehicle rental reservations, missed carrier connections, sickness, injuries (including death), losses, weather, strikes, acts of God, public health risks, criminal activity, terrorism, accident, damage to property, airlines or other service providers, inconveniences, mechanical defects, failure or negligence of any nature caused in connection with any accommodations, restaurant, transportation, for any substitutions of hotels or of common carriers beyond the Director's control. If due to weather or flight schedules, I am required to spend additional nights in travel status, the University will not be responsible for my hotel, transfers, meal costs, or other expenses. My baggage and personal property are transported at my risk entirely.

I understand and hereby acknowledge that I have received and reviewed the US Consular Information Sheet for Italy, as well as the Centers for Disease Control information, on travel to, in and around Italy; that I am aware of and understand the risks and dangers of travel to, in and around Italy, including but not limited to the dangers to my own health and personal safety posed by the use of public transportation, and by civil unrest, political instability, terrorism, crime, violence, and disease in Italy. I have and do hereby note, understand, and assume all risks and will hold harmless, The Summer Institute in Urbino, Italy, The American Council of Colleges in Italy (A.C.C.I.) Inc., the University of Urbino, Program Director Dr. Michael Vena, and all staff, faculty, instructors, employees and agents from any and all liability or actions which may rise from or in connection with this activity associated with the above.

I understand that I bear full legal and financial responsibility for all indebtedness or other legal obligation incurred by me while a Program participant.

I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Connecticut, U.S.A., and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that I will abide by each of the terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

**THE FOLLOWING SECTION MUST BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC:**

Knowing all of this, and being eighteen (18) years of age or older, I voluntarily agree to participate in the above named activity.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth:

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

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***The following notarization must be filled out and stamped by an official notary:***

**NOTARIZATION:** \_\_\_\_\_ (*participant's name*)  
personally appeared before me, and by me known, and swore or affirmed that she/he  
freely and without reservation signed this release form.

Notarized by: \_\_\_\_\_ Date: \_\_\_\_\_