

CONSORTIUM FOR OVERSEAS STUDENT TEACHING, INC.
WAIVER OF RESPONSIBILITY

I, _____, have chosen to engage in a student teaching program outside of the United States through COST – the Consortium for Overseas Student Teaching, Inc. I acknowledge that through the COST program, I am traveling independently, and while I receive supervision and feedback on my teaching and coursework, I will not be accompanied or supervised on-site by any faculty or staff from my home university or from Grand Valley State University – the COST administering university.

I understand that overseas programs are unique opportunities for students to study or travel in foreign countries while earning university credit. These programs rely upon the cooperation and good will of various international organizations, private businesses, foreign governments, and foreign peoples. They also involve a certain amount of independent travel. Because of certain obligations to those persons and agencies, and because COST understandably cannot assume responsibility for the various common carriers and other agencies which are in different ways involved in this experience, I must adhere to the following terms and conditions of participation. My dated signature below indicates that I understand, accept, and agree to those terms and conditions.

I have thoroughly researched this international activity and chosen it freely, independently, and with careful consideration. I acknowledge that none of COST, Grand Valley State University, my home university, nor any of their agents or employees assume any responsibility for my safety or any liability for costs, damages, or difficulties that I may incur related to the activities I engage in while participating in and traveling in connection with the COST program, and that I participate in these activities at my own risk. I do hereby waive and release COST, Grand Valley State University, my home school or college, each of their employees and agents, and any tour organizer or arranger employed or utilized by COST, from any and all claims of any nature (including without limitation Acts of God, strikes, acts of war or terror, weather, sickness, quarantine, government restrictions or regulations) or for any act or omission of any other person or entity not controlled by COST (including without limitation any airline, bus company, steamship, railroad, taxi service, hotel, dormitory, restaurant, school, university, or other firm, agency, or company). I acknowledge thereby that COST, Grand Valley State University, cooperating U.S. schools and colleges, independent contractors, my local school or college and their employees, agents, and leaders are not responsible for any such events or acts as set forth above without limitation.

I understand that the air carrier's liability for loss or damage to baggage, or for death or injury to person or property, is limited to their tariffs and/or by the Warsaw Convention.

I understand that as a foreign citizen in another country I am subject to the laws of that country. I agree to conduct myself in a manner that will comply with the regulations of the host country, those of Grand Valley State University, and those of my home institution.

In exchange for the opportunity to earn credit for this activity, I hereby release and forever discharge COST, Grand Valley State University, and my home institution, their members

individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with this activity and the COST program.

I further covenant and agree that for the consideration of participating in the COST program, I will hold forever harmless and will not take legal action against COST, Grand Valley State University, or my home institution, or their members, officers, agents, and employees, individually, for any claim for damages arising or growing out of my participation in the program, whether caused by negligence or otherwise.

I further understand that this waiver shall be governed by the laws of the State of Michigan. I certify that I have health and hospitalization insurance, which is applicable abroad and that includes emergency evacuation and repatriation of remains in the unlikely event that these are necessary. I also certify that I am aware of the possible dangers inherent in travel, including the possibility of terrorism, hijacking, kidnapping, or death, and I hereby assume any and all risks attendant to the program.

I understand that from time to time the COST's printed and publicity materials may include statements by its student participants and/or their photographs and/or statements. I consent to such use of my comments, photographic likeness, and aforementioned data in such materials.

I certify that I am at least 18 years of age, and that this consent is given freely and voluntarily by me without coercion, duress, threat or promise of any kind. I certify that I understand and have read the above carefully before signing. I understand that I am not subject to any adverse action if I do not sign, although my execution and delivery of this waiver is a condition to my participation in the program.

Signature of Student Participant

Date

COUNTY OF _____)

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STATE OF _____)

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BEFORE ME, a Notary Public in and for said County and State, personally appeared the above-named _____ who acknowledged that he/she did sign the foregoing instrument and that the same is his/her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at _____, _____, this _____ day of _____, 20____.

NOTARY PUBLIC