

Statement of Understanding
VWCC Faculty & Staff Release Form

I, _____, am a Faculty/Staff member at _____ (the “College”) and have agreed to participate in the [College’s International Student Exchange Program] in _____ from _____ until _____ (the “Program”). In consideration for being permitted to participate in the Program, I hereby agree and represent that:

1. I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. By my signature below, I certify that I have confirmed that my health insurance coverage will adequately cover me while outside the United States. I also certify that I am physically and mentally able to participate safely in the program. I hereby release the Commonwealth of Virginia, the Virginia Community College System (“VCCS”), the College, and their respective officers, employees, and agents, from any responsibility or liability for medical expenses for injuries or illnesses (including death) that I may incur because of those injuries or illnesses unless such injuries or illnesses are caused by the negligence or willful misconduct of the officers, employees or agents of the VCCS or the College.

2. I understand that, although the College will attempt to maintain the Program as described in its publications, it reserves the right to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that the Commonwealth of Virginia, the VCCS, the College or their respective officers, employees, and agents shall not be responsible or liable for any expenses or losses that I may sustain because of these changes. I understand that there may be occasions where a refund is available. The College will advise me on the availability of refunds, and I understand that I am responsible for understanding the refund policies.

3. I understand that I must abide by all applicable laws of the United States and the host country, and the rules and policies of the College and the Program. I understand the College reserves the right to remove me from the Program at any time if my actions or general behavior, in the sole discretion of the College, be determined to violate applicable laws, rules, or policies of the Program, substantially disrupts the Program or its officials and participants, or my continued presence in the Program constitutes a direct threat to the health or safety of others. I understand that if I am removed from the Program that I will be responsible for all costs associated with my removal and return to the United States.

4. I understand that I may be required to pay for travel, meals, and other expenses at my own expense. I understand and agree that the Commonwealth of Virginia, the VCCS, the College or their employees and agents shall not be responsible to reimburse me for any costs associated with these payments.

5. I understand and agree that in the event I am unable to remain in the Program or become detached from the group for any reason, I will bear all responsibility and costs incurred to return safely to the group or to the United States, if unable to remain in the Program. I also understand that I will not receive academic credit, if applicable.

6. I understand that, although the College has made every reasonable effort to assure my safety while participating in the Program, that there are unavoidable risks in overseas travel, including but not limited to airplane crashes, vehicular accidents, criminal activity, terrorism, civil unrest, and disease. I hereby release the Commonwealth of Virginia, the VCCS, the College, or their employees and agents for any damages or injury (including death) caused by, deriving from, or associated with my

participation in the Program, unless such damages or injuries are caused by the negligence or willful misconduct of the officers, employees, or agents of the VCCS or the College.

7. I understand that during the Program, there may be activities scheduled or independent travel conducted that are not supervised by or performed by the College. In such cases, I understand these activities and travel are completely voluntary and I may choose not to participate in them. If I choose to participate in these voluntary activities or travel, I hereby release the Commonwealth of Virginia, the VCCS, the College, or their employees and agents for any damages or injury (including death) caused by, resulting from, or associated with my participation those activities or travel, unless such damages or injuries are caused by the negligence or willful misconduct of the employees or agents of the VCCS or the College.

8. I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.

9. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement, I have the right to consult with the adviser, counselor, or attorney of my choice.

10. I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such adjudication will occur in the courts of, and be determined by the laws of, the Commonwealth of Virginia.

11. This agreement represents my complete understanding with the College concerning the College's responsibility and liability for my participation in the Program and supersedes any previous or contemporaneous understandings I may have had with the College on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.

12. I have read and understand this agreement and represent that I am at least eighteen years of age.

Name _____

Signature _____

Date _____