



Institut d'Avignon

BRYN MAWR COLLEGE

2023 INSTITUT D'AVIGNON SUMMER

PROGRAM RELEASE

Name of Person Giving Release: _____
(Student's name - please type or print)

Releasee: Bryn Mawr College, its agents and employees including Board of Trustees, Administration, Faculty and Staff.

Release: I release and give up all claims, including claims for negligence, I now have or may have in the future against Releasee arising out of my participation in the following activity:

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I also understand that the activity set forth above is undertaken by me on a completely voluntary basis. I understand that France has been assigned a Level 2 Travel Advisory by the U.S. Department of State. With this knowledge, and after discussion with my parents and their agreement as reflected by their signatures below, I have decided to study in Avignon, France. I make this decision by choice and my participation in this activity is undertaken knowing that risks may be involved. These risks include, but are not limited to, property loss or damage and physical or emotional injury, temporary or permanent, and death. I have reviewed the State Department Travel Advisory concerning travel to and within France, attached hereto and incorporated herewith, and have conducted independent research relating to the safety of travel to France at this time. I am fully aware of the risks of such travel and I voluntarily assume the risks of these dangers by choosing to participate in the activity. I understand Releasee does not assume any risk or liability due to my participation in this activity. I understand this Release applies to all claims for property loss, injury, illness, death or any other damages suffered by me, now or in the future, whether suffered in traveling to the activity or during the activity itself.

I also understand and agree that Releasee will not have medical personnel available at the location of the activity. I understand and agree that Releasee assumes no responsibility for any injury or damage which might arise out of or in connection with any medical treatment, emergency or otherwise, which I may receive either traveling to the activity or during the activity itself.

I further state that I am at least eighteen (18) years of age and fully competent to sign this Release; and that I execute this Release in consideration of the opportunity to participate in the 2023 Institut

D'Avignon Summer Program granted by Releasee, fully intending to be bound by it. I further state that there are no health-related reasons or problems which preclude or restrict my participation in this activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to me.

I further agree that this Release shall be construed in accordance with the laws of the Commonwealth of Pennsylvania. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

Binding: This Release binds me, my heirs and personal representatives. I understand that it benefits the heirs, personal representatives or successors and assigns of Releasee.

Signing: Before signing my name to this Release, I state that:

- 1) I have read it,
- 2) I understand it and know that I am giving up important rights,
- 3) I intend to be legally bound by it.

Student's Signature (18 years of age or older)

Date

Parents' Signature

Date

Date of Birth: _____

Addendum: I certify that I am covered by an independent health insurance policy.

Carrier: _____

Group #: _____ ID#: _____

Name of Policy Holder: _____