

RELEASE FROM LIABILITY

To be signed by all participants who are 19 years of age or older. If Participant is under 19 years of age, Participant’s parent or guardian (hereafter “Guardian”) must sign this release. Participant/guardian must sign in the presence of one (1) witness.

TO THE UNIVERSITY OF SOUTH ALABAMA:

For participant: _____

Participant/Guardian understands that **Participant is participating in International Student Orientation from _____, through _____**. This event, which is sponsored by Global USA, will involve University employees and/or student workers and/or volunteers providing transportation during the week, including, but not limited to, pickup upon arrival in Mobile, transportation on campus in the event of inclement weather, trips to buy food and take care of other necessities, cultural and recreational trips, and other activities arranged by Global USA. Participant/Guardian understands that **travel will be by rental vehicle and/or private vehicle and/or USA vehicle**. Participant/Guardian understands that these activities are voluntary and not required by Global USA or the University of South Alabama.

In consideration of the University of South Alabama and Global USA permitting the Participant the opportunity to participate in these activities, Participant/Guardian, in full recognition and appreciation of any and all risks, hazards or dangers inherent in these activities, to which Participant may be exposed, does hereby agree to assume all of the risks and responsibilities surrounding participation in such activities. Participant/Guardian understands that Global USA and the University of South Alabama, its trustees, officers, agents, servants and employees assume and accept no liability for personal injury or loss of life or damage to personal property.

Further, Participant/Guardian, for him/herself and his/her heirs and personal representatives, does hereby defend, hold harmless and indemnify, release and forever discharge Global USA and the University of South Alabama, its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from participation during the aforesaid activities.

Participant/Guardian attests and verifies that participant has no physical limitations that would prevent safe participation in these activities. Participant/Guardian understands that participant **IS NOT** covered by any University liability insurance.

Participant/Guardian acknowledges that University policy prohibits the possession or consumption of alcohol at any time during the activities described above.

IN WITNESS WHEREOF, I have caused this release to be signed this _____ day of _____, 20____.

SIGNATURE OF PARTICIPANT (if 19 or over)

OR

PARENT/GUARDIAN (if Participant is under 19)

SIGNATURE OF WITNESS

PRINTED NAME OF WITNESS

PRINTED NAME OF PARENT/GUARDIAN
(if Participant is under 19)