

Centenary College of Louisiana
Acknowledgment and Assumption of Risk, Release, Waiver of Liability and Indemnity Agreement
Modules located outside Shreveport/Bossier

I, _____, ("Student") desire to and have voluntarily elected to participate in the following
(print your full name – first, middle, last)

activity/trip _____ ("Activity" or "Module") to be held in and around _____, from approximately _____ to _____, 20____. In consideration for being permitted by Centenary College of Louisiana ("Centenary" or "College") to participate in Activity, I hereby agree to the following. Student and Student's parents and/or guardians hereby agree to the terms and conditions herein and "I," as used herein, shall refer not only to Student but also to Student's parents/guardians.

RULES AND REQUIREMENTS. I agree to conduct myself in accordance with the Centenary College of Louisiana policies and procedures which appear in the student handbook located online at <http://www.centenary.edu/handbook/>. I further agree to abide by all the rules and requirements of the Module. I acknowledge that Centenary has the right to terminate my participation in the Activity if it is determined that my conduct is detrimental to the best interests of the group, my conduct violates any rule of the Module, or for any other reason in the College's discretion.

INFORMED CONSENT. I understand the various aspects of the Activity, and the potential dangers, hazards, and risks associated therewith, including, but not limited to: those occurring during transportation to and from our destination(s) via private vehicle, common carrier and/or Centenary owned vehicle; local transportation to and from specific activities; overnight accommodations; consumption of food; living accommodations; language barriers; differing social cultures; national laws; terrorism; war; insurrection; criminal activities; weather conditions; condition of equipment and facilities; negligent first aid operations or procedures. I understand that I could sustain personal injury, illness, property damage, or even death as a consequence of not only Centenary's actions, inactions, negligence or fault, but also the actions, inactions, negligence or fault of others and that there may be other risks not reasonably foreseeable at this time. I further understand and agree that any injury, illness, property damage, disability, or death that I may sustain by any means is my sole responsibility.

I SHALL INDEMNIFY, HOLD HARMLESS, DEFEND AND RELEASE, RELINQUISH AND FOREVER DISCHARGE CENTENARY COLLEGE OF LOUISIANA AND ITS TRUSTEES, ADMINISTRATORS, FACULTY, AND EMPLOYEES FROM ANY AND ALL DAMAGES, LIABILITY, LOSS, CLAIMS, EXPENSES, CAUSES OF ACTION, OR DEMANDS OF ANY KIND AND NATURE WHATSOEVER (INCLUDING ATTORNEY'S FEES) FOR PERSONAL INJURY (INCLUDING DEATH) AND/OR PROPERTY DAMAGE WHICH MAY ARISE IN CONJUNCTION WITH OR RELATED TO MY PARTICIPATION IN MODULE, INCLUDING, WITHOUT LIMITATION, THAT RESULTING FROM CENTENARY'S NEGLIGENCE AND/OR THE FAULT OR NEGLIGENCE OF A THIRD PARTY, AS WELL AS ANY CLAIMS ARISING FROM MY TRAVEL TO, FROM, OR DURING SAID MODULE.

PERSONAL MEDICAL INSURANCE. I agree to obtain and maintain during the term of the travel connected to this Module personal medical insurance that includes repatriation and medical evacuation coverage. I further acknowledge that I am responsible for the cost of any and all medical and health services I may require during the Activity. **TRIP CANCELLATION INSURANCE:** I understand that neither the Module instructors nor the College carries Trip Cancellation insurance for this Module. It is my responsibility to obtain trip cancellation insurance, if I so desire.

MEDICAL CONSENT. I understand and agree that medical personnel may not be available at the location of the Activity. In the event of any medical emergency, I (initial one) do ___ do not ___ authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and any hospital care that College personnel may deem appropriate and necessary for my safety and protection. I understand and agree that College assumes no responsibility for any injury or damage which arise out of or in connection with such emergency medical treatment.

Student shall be responsible for his/her personal behavior while participating in Module, and further understands that Student may be required to return to Shreveport, Louisiana or Student's hometown, at Student's expense, should Student fail to act and/or behave in a manner that is consistent with the policies of Centenary College of Louisiana; the laws of the State of Louisiana, and the United States of America, and/or country or countries in which Student is visiting. The governing policies applicable to behavior will be the most stringent policies of the aforementioned entities/governments applying to the Module at any given time and/or place. The faculty member(s) leading the Module in which Student is participating may at his/her sole discretion, or that of his/her assignee, determine the consequences of Student's failure to act and/or behave as outlined in this Acknowledgement and Assumption of Risk Statement, the Module Agreement on reverse side, and the requirements of the Module as outlined by the Module instructors..

SEE REVERSE SIDE. College's policy on alcohol and illicit drugs on the reverse of this form is hereby made a part hereof and I agree to it.

2. THIS WAIVER SHALL BE GOVERNED BY THE LAWS OF THE STATE OF LOUISIANA. TO THE EXTENT ANY PROVISION CONTAINED HEREIN SHALL BE FOUND TO BE UNENFORCEABLE, IT SHALL BE MODIFIED TO THE LEAST EXTENT NECESSARY IN ORDER TO RENDER IT ENFORCEABLE/VALID AND THE VALIDITY OF THE REMAINING PORTIONS SHALL NOT BE AFFECTED. ANY DISPUTE ARISING WITH REGARD TO THE INTERPRETATION OF, OR OTHERWISE RELATING TO, THIS AGREEMENT SHALL BE SUBMITTED TO MEDIATION IN SHREVEPORT, LOUISIANA. IF SUCH MEDIATION IS NOT SUCCESSFUL, SUCH DISPUTE SHALL THEN BE SUBMITTED TO BINDING ARBITRATION (IN SHREVEPORT, LOUISIANA) IN ACCORDANCE WITH THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION.

3. I UNDERSTAND THAT, IN ADDITION TO TRAVEL EXPENSES, TUITION OF \$750 WILL BE CHARGED FOR THE ACADEMIC HOURS I WILL EARN BY TAKING THIS MODULE. IF I FAIL TO PAY THE TUITION OF \$750 BY THE DESIGNATED DATE, THE BUSINESS OFFICE WILL PURGE ME FROM THIS MODULE AND I WILL NOT RECEIVE ACADEMIC CREDIT. HOWEVER, I AM STILL RESPONSIBLE FOR TRAVEL EXPENSES OF THE MODULE.

The terms of this Acknowledgment and Waiver are solely to benefit and bind the parties executing same, and/or referenced and the parents/legal guardians of Student, and their respective predecessors, successors, heirs, executors, legal representatives, and assigns.

Module Information:

Course letters # Section Full Name of Module

Start Date End Date

I affirm that the above-referenced student is enrolled in the May Module listed herein and that I am the faculty member of record for this Module.

Signature of faculty member leading the Module () - Contact Phone Number Date

Student's Signature Student's ID number Date

Address while at Centenary City State Zip

() - Phone number while at Centenary Centenary e-mail address @centenary.edu

FOR PARENTS/LEGAL GUARDIANS: I understand that my son or daughter has read and agreed to the above, as do I.

Signature of Parent/Legal Guardian Date Signature of Parent/Legal Guardian Date

SEE REVERSE SIDE WHICH FORMS PART OF THIS DOCUMENT