



Please read the following agreement carefully. The student and parent/guardian both must sign. After signing, please detach and return the signed last page via fax, email, or regular mail.

WAIVER FORM / RELEASE AGREEMENT

This four page Release Agreement (“Agreement”) requires the signature by both the student and his/her parent or legal guardian and returned in order to receive permission to participate in the Budapest Semesters in Mathematics Education Program.

In consideration of being allowed to participate in the Budapest Semesters in Mathematics Education Program, I, _____ hereby agree to the following conditions of participation:

ASSUMPTION OF THE RISKS, GENERAL RELEASE, PERSONAL CONDUCT, AND INDEMNITY:

I understand that the Budapest Semesters in Mathematics Education Program will be conducted in a foreign country, and that there are certain dangers, hazards and risks inherent in international travel, living, and the activities included in this Program, including but not limited to those arising from crime, civil disturbances, health conditions, and travel or other accidents. I understand that these dangers, hazards and risks could include serious or even fatal injuries and property damage. I understand that the Budapest Semesters in Mathematics Education Program has not made, and does not make, any representations regarding my personal safety or the safety of my property while participating in the Program.

I understand that as a participant in Budapest Semesters in Mathematics Education Program I am subject to (a) the same standards of conduct and academic regulations while abroad as stipulated at my home institution, (b) the regulations set by my home study abroad office, (c) the regulations set by the host institution, (d) the laws of the host country. I also acknowledge that it is essential to understand and respect norms of conduct and patterns of behavior that may be different from standards in my own country. I agree to abide by these rules and standards of behavior when I am in the company of other study abroad program participants and also when I may be physically separated from Program participants.

I further understand that it is important to the success of the present Program and the continuation of future semesters that participants observe standards of conduct that would not compromise the Budapest Semesters in Mathematics Education Program in the eyes of individuals and organizations with which it has dealings, and I acknowledge that the North American and/or the Hungarian Director’s responsibility for setting rules and interpreting conduct for this purpose. I understand and agree that if the North American and/or the Hungarian Director, the Program, or the host institution may, at their discretion, impose disciplinary measures or withdraw me from the Program because of a violation of such rules, improper behavior, academic reasons, or conduct which could bring the Program into disrepute, or its participants or personal into jeopardy, that decision will be final and may result in the loss of academic credit and the loss of Program fees.

It is understood that should the student elect to remain abroad after their dismissal from or their withdrawal from the Program, that the Budapest Semesters in Mathematics Education program nor any additional Program Sponsors will continue to act as sponsor for the student, nor will the Budapest Semesters in Mathematics Education Program nor any additional Program Sponsors be in any way liable for that student.

Knowing the dangers, hazards and risks of such activities, and in the consideration of being permitted to participate in this study abroad program, I agree to assume all the risks and responsibilities surrounding my participation in the Budapest Semesters in Mathematics Education Program, and in advance release, waive, forever discharge, and covenant not to sue the Budapest Semesters in Mathematics Education Program, its governing board, officers, agents, employees, and students acting as employees (here-in-after referred collectively as "the Budapest Semesters in Mathematics Education Program") from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature whatsoever which I may have or which may hereafter accrue to me, arising out of or related to any loss, damage or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me whether caused by the negligence of the Budapest Semesters in Mathematics Education Program, or otherwise, while I am on this study abroad program, engaged in any activities in connection with the Program, or in transit to or from the foreign country where the Program is being conducted. I agree that the Budapest Semesters in Mathematics Education Program does not assume responsibility or liability for any such personal injuries or property damage. I also agree to hold the Budapest Semesters in Mathematics Program harmless from any loss, liability, damage or cost the Budapest Semesters in Mathematics Education Program or any third party may incur due to my participation in any of the above described activities.

I, on behalf of myself, my heirs and personal representatives, hereby release the Budapest Semesters in Mathematics Education Program and any cooperating institution and their officers, employees, successors and agents from any and all claims and causes of action for inconvenience, damage to or loss of property, medical or hospital care, personal illness or injury or death arising out of my participation in the Budapest Semesters in Mathematics Program and/or travel or activity conducted by or under control of the Budapest Semesters in Mathematics Education Program or any cooperating institution.

MEDICAL:

I understand and acknowledge that inherently there are health risks associated with living and studying abroad and I agree I am personally responsible. I assume full responsibility for any undisclosed physical or psychological problems that might impair my ability to complete the Program, and I release the Budapest Semesters in Mathematics Education Program from any liability for injury to myself or damage to or loss of my possessions caused by acts of God or by situations beyond the control of the Budapest Semesters in Mathematics Education Program. I state that there are no pre-existing health related reasons or problems which preclude or restrict my participation in Budapest Semesters in Mathematics Program.

I understand and agree that, in the event of psychological illness to me, I authorize and grant permission to the Budapest Director and Student Coordinator of the Budapest Semesters in Mathematics Education Program to secure medical treatment on my behalf. I understand and agree that the Budapest Semesters in Mathematics Education Program will notify my emergency contact if I am unable to grant consent or if circumstances warrant, and to grant, deliver or execute written or oral consents to medical action as may be required or requested by service providers. I understand and agree that the Budapest Semesters in Mathematics Education Program assumes no responsibility or liability for any injury or damage which might arise out of or in connection with such authorized medical treatment, and that I accept all financial responsibility for such medical treatment and related services.

In the event of physical illness or injury to me, I authorize and grant permission to the Budapest Director and Student Coordinator of the Budapest Semesters in Mathematics Education Program to secure medical treatment on my behalf including but not limited to surgery and the administration of anesthetic, to notify my emergency contact if I am unable to grant consent or if circumstances warrant, and to grant, deliver or execute written or oral consents to medical action as may be required or requested by service providers. I understand and agree that the Budapest Semesters in Mathematics Education Program assumes no responsibility or liability for any injury or damage which might arise out of or in connection with such authorized medical treatment, and that I accept all financial responsibility for such medical treatment and related services.

I understand that illness or injury can be sufficiently serious as to prevent me from continuing the Program, and that if at any time the North American Director, Hungarian Director, Program, or Host Institution deems my continuing stay a threat to my health, they may at their discretion withdraw me from the Program and that this decision is final. Knowing this, I (a) release, waive, forever discharge, and covenant not to sue the Budapest Semesters in Mathematics Education Program its governing board, officers, agents, employees, and students acting as employees from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature whatsoever which I may have or which may hereafter accrue to me arising out of or related to any loss, damage or injury, (b) including but not limited to suffering and death, that may be sustained by me or by any property belonging to me whether caused by the negligence of the Budapest Semesters in Mathematics Education Program, or otherwise, while I am on this study abroad program, engaged in any activities in connection with the Program, or in transit to or from the foreign country where the Program is being conducted. I agree that the Budapest Semesters in Mathematics Education Program does not assume responsibility or liability for any such personal injuries or property damage. I also agree to hold the Budapest Semesters in Mathematics Education Program harmless from any loss, liability, damage or cost the Budapest Semesters in Mathematics Education Program or any third party may incur due to my participation in any of the above described activities stemming from or related to this withdrawal.

TRAVEL/TRANSPORTATION:

I understand that I will be traveling during the Budapest Semesters in Mathematics Education Program by various modes of transportation, and I agree that the Budapest Semesters in Mathematics Education Program is not responsible or liable for any loss of property, injury or death during such travel. I also understand that, due to traffic congestion, different traffic laws and regulations, and the language barrier, riding a bicycle and driving a motorized vehicle in a foreign country can be extremely hazardous. I understand that insurance requirements and other financial responsibility laws vary from country to country, and I agree that if I choose to do so, the Budapest Semesters in Mathematics Education Program assumes no responsibility or liability should I be involved in an accident.

INSURANCE:

I understand that I am required to have adequate health, accident and hospitalization insurance to cover myself while traveling to and from the Budapest Semesters in Mathematics Program, during participation in the Program, and at the Program site. I have arranged for adequate insurance to meet any and all such needs. I agree that the Budapest Semesters in Mathematics Education Program is not responsible for attending to any of my medical or medication needs, that I assume all risk and responsibility therefore, and that if I am required to be hospitalized or otherwise receive medical treatment during my study abroad program, the Budapest Semesters in Mathematics Education Program does not assume any responsibility for payment of such costs.

WAIVER

This Agreement constitutes the entire agreement between the undersigned persons and the Budapest Semesters in Mathematics Education Program pertaining to the subject matter hereof. It is agreed that no oral or written representations, statements or inducements have been made, except as expressly set forth in the Agreement. No supplementation, modification, waiver, or termination of this Agreement shall be binding unless executed in writing by the undersigned persons and the Budapest Semesters in Mathematics Education Program.

***Participant:** By typing my name below, I am indicating that I have read and understand all the terms of this Release Agreement as stated above, and I agree to be bound by those terms.*

Participant: In place of your signature, please
type your full legal name

Date

Semester attending

Please digitally sign and return waiver form to bsme@bsmeducation.com

To send your signed waiver digitally, "print" the completed form as a pdf with a new name, then send by email as an attachment.

Or, you may print, sign and send this final page of the waiver via one of the three methods listed here:

- Fax: 507-786-3774
- Scanned and email to: bsme@bsmeducation.com
- Mail to: Budapest Semesters in Mathematics Education
St. Olaf College
1520 St. Olaf Avenue
Northfield, MN 55057