



SUPPLEMENTAL WAIVER FOR INDEPENDENT TRAVEL

Name of Student: _____ ID# _____

Date of Birth: _____

Travel Opportunity: _____

Faculty Leader: _____

In addition to the parameters outlined in Messiah University’s Study Abroad Contract (for academic opportunities) and Assumption of Risk and Liability Release (for non-academic opportunities), which I have signed and affirm, I also agree to this Supplemental Waiver for Independent International Travel due to my desire to travel independently before, during or after the conclusion of the above International Travel opportunity (herein after “the Course”). My independent travel dates and times are as follows:

_____ (please specify beginning and ending time and date)

I acknowledge that I will be fully and personally responsible for any issues that may arise from the independent travel I pursue, including any costs incurred from such independent travel and/or independent travel disruptions, and any emergencies that may arise in the course of my independent travel.

I agree, on behalf of my family, heirs, and personal representatives, to assume all the risks and responsibilities involved in my independent travel after the Course. I hold Messiah University harmless from any claims that may result from my independent travel. Further, I release and agree to indemnify Messiah University, its officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, as a result of my independent travel and/or related to my independent travel.

I have read this Supplemental Waiver for Independent Travel carefully before signing it, and agree that it contains my agreement with Messiah University as to my participation in the above-named international travel opportunity. This agreement shall become effective only upon acceptance by the University of my application for the opportunity, and shall be governed by the laws of the Commonwealth of Pennsylvania.

Student Signature

Date

Printed Name of Student

Parent or legal guardian must sign this waiver if student is under 18:

I am the parent or legal guardian of the Student, have read the foregoing Supplemental Waiver for Independent International Travel, am and will be legally responsible for the obligations and acts of the Student, and agree for myself and the Student to be bound by the terms of this Waiver.

Signature of Parent/Legal Guardian or Next of Kin

Date

Printed Name of Parent/Legal Guardian or Next of Kin

Relationship to Student