

**Williams College Study Abroad  
Acknowledgement and Assumption of Risks and Release Agreement  
For Students Participating in Non-Williams College Programs Away**

*This is a release of legal rights; review carefully and understand before signing. Please keep a copy for your records.*

**Name of Student:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Term/Year Abroad:** \_\_\_\_\_

**In consideration and as a condition of The President and Trustees of Williams College (“Williams College”) approving my participation in the above non-Williams College study abroad program (“the Program”), I hereby agree to the following:**

**1. Understanding of terms of Williams College’s approval:**

I have read and understand the Guide to Study Away and the terms and conditions outlined in my Committee on Academic Standing (CAS) approval letter.

I understand that if I do not abide by the terms and conditions outlined in the Guide to Study Away and in my approval letter, this may jeopardize the transfer of credit to Williams College from the Program.

I also understand that Williams College’s prior approval of the transfer of credit, under the conditions specified in my CAS approval letter, does not imply Williams College’s responsibility for any aspects of the operation of the Program or university at which I will be studying.

I understand that should I change my Program of study from that listed above, the terms and conditions of this Agreement form still apply.

**2. Medical circumstances:**

If I do have any physical or mental health circumstances that may affect my study abroad experience, I understand and agree that it is in my best interest to discuss the situation with my physician and with the Program. In addition, if appropriate I should discuss the situation with the Director of International Education and Study Away and the Director of Academic Resources who oversees accommodations. I will also be sure to consult with my program about the availability of support services on site.

**3. Risks of travel and study abroad:**

I understand and acknowledge that participation in the Program may involve risks not found in study at Williams College’s campus. I understand and acknowledge that these may include, but are not limited to, risks involved in and from: traveling to and within, and returning from, one or more foreign countries; different political, legal, social, law enforcement, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; different standards as to the availability and provision of medical care; and different weather conditions.

I also understand and acknowledge that while participating in the Program and living abroad I may experience risks and/or differences relating to educational systems, academic expectations, recognition of civil rights, lack of accessibility and accommodations for persons with disabilities, alcohol and drug use, relationships and gender issues.

I have made my own inquiry and investigation into such risks and/or differences, and am willing to accept them as a condition of my participation in the Program. I acknowledge that my participation in the Program is wholly voluntary.

I understand and acknowledge that Williams College does not administer this Program, and Williams College does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, place of lodging, tour organizer or other provider of goods and services in connection with the Program.

**4. Release of information:**

I understand that by signing this document my name and contact information may be given to other Williams College students studying abroad or considering studying abroad.

I also understand that information about my academic and disciplinary status may be shared with the Program if a change in status occurs and the situation warrants.

**5. Release of liability:**

Having examined and understood the above, I (for myself and my heirs, executors, administrators and assigns) hereby release, discharge, and waive any and all rights or claims for injuries or losses of any description arising in connection with any aspect of the Program, including but not limited to claims for damage to or loss of property, consequential damages, violation of civil rights, personal illness or injury, or death, that I may have or which my hereafter accrue to me against Williams College, its employees or agents.

I agree to indemnify and hold harmless Williams College from any and all claims, liabilities, demands, damages, lawsuits, judgments and expenses of any nature, without limitation, arising from or based upon alleged negligence of Williams College causing injury, death or property loss, on account of, arising out of, or in any way related to my participation in the Program or my own acts or omissions during my participation in the Program.

I agree that if any portion of this Acknowledgement and Assumption of Risks and Release Agreement is deemed unenforceable, all other provisions will remain in full force and effect. I understand and agree that no oral representations or statements by Williams College or its representatives will effectively alter the acknowledgements, agreements and representations stated above. This agreement shall be governed by the laws of the Commonwealth of Massachusetts, which shall be the forum for any lawsuits filed under or incident to this Agreement or the Program.

I agree that, notwithstanding the foregoing, this Acknowledgment and Assumption of Risks and Release Agreement shall not apply to those services which are rendered directly and actively by employees of Williams College within facilities under the control of Williams College.

**6. Agreement:**

**BY SIGNING THIS FORM I UNDERSTAND THAT MY APPOINTMENT AND PARTICIPATION ON MY CHOSEN PROGRAM ARE CONTINGENT ON GOOD ACADEMIC AND DISCIPLINARY STANDING.**

**I HAVE CAREFULLY REVIEWED AND UNDERSTOOD THIS ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS AND RELEASE AGREEMENT AND I HEREBY AFFIRM MY AGREEMENT TO ITS TERMS AS A CONDITION OF MY PARTICIPATION IN THE PROGRAM. I AFFIRM THAT I AM 18 YEARS OF AGE OR OLDER.**

**Student signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**PLEASE RETURN TO THE STUDY AWAY OFFICE BY THE DESIGNATED DEADLINE**