

**HOPE COLLEGE
ASSUMPTION OF RISK AND RELEASE FORM
INTERNATIONAL OFF-CAMPUS PROGRAMS**

THIS IS A LEGAL DOCUMENT - READ CAREFULLY BEFORE SIGNING.
PLEASE COMPLETE ALL OF THE REQUESTED INFORMATION.

This document pertains to the following international program or activity (the "Program") which is either sponsored by Hope College (the "College") or other entity (the "Sponsor").

Name of Program: _____ Faculty/Group Leader: _____

Name of Student: _____ Student's Date of Birth: _____

Location(s): _____ Approximate Date(s): _____

In consideration of the opportunity to participate in the above-identified off-campus program or activity, the undersigned has read, understands, and agrees to the following:

1. **Certification of Health Insurance Coverage.** I am presently covered by standard health insurance providing for medical treatment, and such insurance will be fully effective during the entire period of my participation in the Program. My health insurance information is as follows:

Name of the insuring company: _____

Address: _____

Group number of the policy: _____ My individual policy number: _____

2. **Emergency Contact Data.**

Primary Contact Name _____ Relationship to You _____

Daytime Phone _____ Evening Phone _____

Secondary Contact Name _____ Relationship to You _____

Daytime Phone _____ Evening Phone _____

3. **Voluntary Participation.** I am a student at Hope College a

released parties or otherwise. I further agree to indemnify and hold harmless Hope College, its officers, trustees, agents, and employees from any and all loss, liability, damage, or costs that it or they may incur as a result of my participation in the Program or arising from any of my acts or omissions, including reasonable attorneys' fees.

7. **Compliance with Rules and Policies.** I agree to comply with all the rules, regulati