

**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