

Connecticut College
Domestic Off-Campus Engagement Waiver
Statement of Responsibility Participation Agreement
Assumption of Risk, Indemnification and Release

I, _____ am a student/faculty/staff in good standing at Connecticut College ("the College"). I have voluntarily agreed to participate in one of the College's Off-Campus Engagement (OCE) experiences (the Program). Participation in an OCE is not mandatory or a required part of the degree program/employment at Connecticut College; the exception may be a course-related required trip. I understand that the College has the right to make changes in the Program at any time, with or without notice.

Please check the appropriate box that applies to your OCE.

- Course based OCE
- Center Domestic Internship
- Connections/Pathway
- SATA Domestic
- TRIPs Domestic
- Funded Research Domestic
- Career Funded Domestic Internship
- Student Life OCE Event
- Work Study
- Other (please describe) _____

I will participate in (name above OCE) _____ sponsored by
_____ in the following location
_____ during the period of _____.

By initialing each section, I am indicating I understand each section and statement.

HEALTH AND SAFETY

I understand that there is increased danger involved with travel. I am willing to accept these risks. I acknowledge there are inherent health risks to travel. I have considered my own physical and mental health and other personal circumstances and affirm that there are no problems, which preclude or restrict my participation in the Program. I have been provided the opportunity to inform the College Coordinator/my supervisor of any special physical or mental health needs or conditions, including allergies. I will be responsible to meet any and all needs for payment of medical costs during the period of the off-campus engagement. I recognize that the College is not responsible for any of my medical or medication needs and I assume all risk and responsibility therefore.

I confirm that I am covered by Connecticut College medical insurance, private family insurance, or other sufficient medical insurance. I have consulted with my carrier and am aware of the restraints and extent of my coverage in the specific area I will visit.

I will make myself aware of local conditions and customs that may present a health or safety risk when making daily choices and decisions. I will promptly express any health or safety concerns to the appropriate individual.

The coronavirus, COVID-19, is a highly infectious disease. Its highly contagious nature means that contact with others, or time spent with individuals who have been exposed to the virus, especially in enclosed areas, can lead to infection. Additionally, individuals who may have been infected with COVID-19 may be asymptomatic, or may never become

symptomatic at all, but can still transmit the virus. Because of its highly contagious and sometimes “hidden” nature, it is currently very difficult to control the spread of COVID-19 or to determine whether, where, or how someone may have been exposed to the disease.

- I acknowledge that I have reviewed all U.S. Centers for Disease Control and Prevention (CDC) and Department of State travel warnings, including all of those warnings applicable to my plans, and fully acknowledge the risks and hazards involved in traveling during the coronavirus/COVID-19 pandemic.
- I acknowledge that based on my decision to travel, I may be at increased risk of contracting COVID-19 and I may be subject to a quarantine, including any return to Connecticut College.
- I acknowledge that my access to medical care while traveling may be limited.
- I acknowledge that my ability to return to Connecticut College or Connecticut College housing, may be restricted in the event I need to stop my travels.
- I acknowledge that Connecticut College may not be able to assist me in getting home at a subsequent time if I contract COVID-19.
- I acknowledge that it is my responsibility to continue to stay informed of relevant updates from the CDC and that I will need to develop my own plan for my safety, including circumstances in which travel may subsequently be restricted.
- I also acknowledge that given the unknown nature of COVID-19, it is not possible to fully list each and every risk of contracting COVID-19, or guarantee safety from infection. I assume full responsibility for any and all risks of illness or injury associated with exposure to COVID-19. Connecticut College will not reimburse me for medical care resulting from COVID-19 infection, including any out-of-pocket medical expenses not covered by insurance, such as deductibles or co-pays.

_____ Initials

STANDARDS OF CONDUCT

I understand that each state has its own laws and standards of acceptable behavior. I will inform myself of and will abide by all such laws and standards. I will attend to any legal problems I encounter during the off-campus engagement and during any independent travel before, during or after the trip at my own expense. I fully understand that the use, purchase or sale of illegal substances will be sufficient cause for immediate dismissal from the Program. I further agree to abide by the rules and regulations of the employer or sponsoring institution, if applicable, as well as those of Connecticut College, and I will continue to be bound by the Honor Code with all its responsibilities and implications.

In the event that the organization, employer or sponsoring institution determines that I have failed to observe the proper standards of conduct, they have the authority to have me sent home at my own expense. If this action results in the loss of potential good standing, I acknowledge and accept full responsibility.

I understand that the College has the right to enforce its rules and the Honor Code when I return home in accordance with its existing policies and procedures.

I acknowledge that I am considered an adult and am expected to take responsibility for my actions while taking part in the off campus engagement. As an adult, any activities that I take part in, whether as a part of a Program or separate from the Program will be considered to have been done with my understanding of any and all risks involved.

_____ Initials

ASSUMPTION OF RISK, RELEASE OF CLAIMS AND INDEMNIFICATIONS

Knowing the risks and rules cited above, I acknowledge that I voluntarily agree to accept all the risks and responsibilities involved with my participation in the off-campus engagement. I agree to release, indemnify and forever discharge the College, its Trustees, officers, employees, agents and assigns from any and all loss and liability in connection with any personal injury, accident, property damage, claims, costs, expenses or other loss incurred by me during, arising out of, or in any way associated with my participation in and travel involved with the off-campus engagement.

I further agree to indemnify the College, its Trustees, officers, employees, agents and assigns from any actions brought against it in connection with my acts or omissions during my participation in or travel to or from the off-campus engagement.

I understand that the College does not represent any transportation carrier or other provider of services. I understand that I am responsible for my baggage and the College has no responsibility for any travel not arranged by the College and/or part of the official trip.

This Statement of Responsibility Participation Agreement and Assumption of Risk, Indemnification and Release Form is to be construed under the laws of the State of Connecticut, and if any term or provision of this document is held illegal or unenforceable, the balance shall notwithstanding, continue in full legal force and effect.

I have carefully read and understood the above statements. I acknowledge that I am competent and of the specified legal age in my state of residence to bind myself to this waiver, release and indemnification agreement. I have executed this form on behalf of myself and my family, heirs and assigns.

I HAVE READ, UNDERSTAND, AND AGREE TO THE

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Student/Faculty/Staff ID #: _____

If Domestic OCE is affiliated with a course, please list course: _____

Last Name: _____ First Name: _____

Signature: _____ Date: _____