

**Minnesota State University, Mankato**  
**International Programs**  
**Non-MSU Sponsored Programs**  
**RELEASE**

I, \_\_\_\_\_, of \_\_\_\_\_, City of \_\_\_\_\_  
(Name) (Permanent Street Address)  
State of \_\_\_\_\_, do affirm my desire to participate in  
the Study Program in \_\_\_\_\_  
(hereinafter Program) during \_\_\_\_\_ Semester beginning \_\_\_\_\_ 2----.  
(Date)

Realizing that there is risk inherent in the Program and, in consideration of my being allowed to participate in the Program, I personally assume all risks in connection with said Program. Such risks may include, but are not limited to, transportation risks (air, bus, car, etc.) walking, recreational sport activities I choose to participate in, excursions, and unforeseen circumstances. I further agree to release and hold harmless the State of Minnesota, the Board of Trustees of the Minnesota State Colleges and Universities, Minnesota State University, Mankato, their officers, agents and employees from any and all claims and liabilities of any type whatsoever and for damages to, loss or destruction of any property, including baggage and personal effects, or injury, sickness, or death which may now or hereinafter arise out of, result from, or in any way be connected with my participation in said Program or any travel incident thereto.

I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I also understand that Minnesota State University, Mankato is not responsible for providing any assistance, legal or otherwise, in dealing with the laws of foreign countries. I will inform myself of, and abide by, all such laws and standards for each country to or through which I will travel during the Program, and will be responsible for any consequences of violations thereof.

I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that Minnesota State University, Mankato is not obligated to attend to any of my medical or medication needs, and I, therefore, assume all risk and responsibility. If I require medical treatment or hospital care in a foreign country or require medical evacuation during the program, Minnesota State University, Mankato, the Minnesota Board of Trustees and the State of Minnesota are not responsible for the cost or quality of such treatment or care.

I further state that I (or Parent/Guardian if under 18) am of lawful age and legally competent to sign this Release. In signing this document, I hereby acknowledge that I have carefully read this entire release, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have. I have been given the opportunity to ask questions, have asked those questions, and have been satisfied with the responses. I understand the terms herein are contractual and not a mere recital; and that I have signed this document knowingly and as my own free act.

In choosing to apply to a non-affiliate program, I understand that Minnesota State University, Mankato has no established working relationship with my program and provides no on-site support or supervision. I am fully responsible for knowledge about my program, including credit transfer, what is and is not covered by the program costs, cancellation/refund policies, and standards of conduct.

In Witness Whereof, I have executed this affirmation and release at \_\_\_\_\_  
(City/State)

on \_\_\_\_\_, 200 \_\_\_\_ .  
(date)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
(If Participant is under 18, a parent/guardian  
must sign also.)

\_\_\_\_\_  
Printed Name