



**Bridges Across Borders Southeast Asia
Community Legal Education Initiative (BABSEA CLE)**

RELEASE AND WAIVER OF LIABILITY FORM

In consideration for being allowed to participate in the BABSEA CLE international educational clinic/volunteer program; I, the undersigned student, acknowledge and agree to the following conditions.

Although BABSEA CLE and/or the sponsor of the program have taken reasonable steps to provide resource and guidance, I understand that my participation in the program may expose me to significant risks, including, but not limited to, crime, terrorism, war, exposure to communicable diseases, the hazards of travel by airplane, vehicle and foot, serious bodily injury or death, property damage and other risks that may not be foreseeable. I recognize that BABSEA CLE can not guarantee my safety and I understand that I am solely responsible for my safety and

I assume responsibility for all the risks associated with my participation in the program.

I know that I am not required to participate in this program in order to satisfy any requirements, even though this experience may be an approved part of my education. Furthermore, I recognize that if I am required to leave the program before its conclusion or if I decide to leave the program before its conclusion, there is no guarantee that I will receive refund of any payment made for study abroad or for credit.

I understand and accept that, as a participant in the program, I am required to observe the laws of the country in which I will be residing and all academic and disciplinary regulations in effect at the host organization.

I am informed that the organization strongly recommends that students interning abroad obtain insurance coverage valid overseas to protect against the costs of hospitalization and medical care in the event of sickness, accident, disability, or death, and to offset expenses of unexpected emergency evacuation and repatriation, trip cancellation, or loss of property. I understand that I am solely responsible for obtaining Travel and Health Insurance for myself.

I understand that BABSEA CLE accept no responsibility for any delay, loss, damage or injury to person or property caused to others or me whether prior to departure, during traveling or while participating in the Externship Clinic/ Volunteer Program. Furthermore, the organization shall not be responsible to any person for any of my acts or omission, except to the extent that my activities are within the scope of approved activities covered under the organization general liability insurance.

I agree that to hold harmless, release and forever discharge the organization BABSEA CLE and its trustees, officers, employees and agents from any and all claims, demands and causes of action of whatever kind that I may have including, but no limited to, illness, bodily injury, imprisonment, death and loss or damage to property, or the consequences thereof, resulting from or in any way connected with my participation in the program.

My participation in this program is voluntary, and I freely agree to the stipulation of this waiver. By signing below, I certify that I am at least 18 years of age and that I have carefully read this Release and Waiver of Liability, understand it, and agree to be legally bound by it.

Signature _____ Date: _____
Print Name: _____