



## Acknowledgement of Responsibility and Liability Waiver

---

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_

I understand that participation in the NUin program will take me out of the U.S. for an extended period of time. During this period I understand that I will be exposed to risks—such as dangers of traffic accidents, cultural misunderstandings, and arrest in foreign countries; as well as sudden injuries, illness and depression—and I am prepared to accept these risks. I have been given a copy of the latest State Department Country Specific Information and agree to assume the risks outline in that document, I further understand that this information is subject to change and I fully understand and accept the ramifications of traveling to the region.

In consideration of Northeastern University's approval to participate in this program, I hereby release and hold harmless Northeastern University, its agents and employees, etc., from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer, including death, as a result of my participation in this program due to any cause whatsoever, including, but not limited to, negligence, breach of contract or breach of any statutory or other duty of care, delay, expense resulting from events beyond their control, acts of nature, war, civil unrest, sickness, transportation, scheduling and government restrictions or regulations.

I further understand that it is my responsibility to abide by all applicable University policies, the laws of the host country and the rules/regulations of the host institution, and to ensure that I have adequate medical, personal health and accident insurance coverage, as well as any available protection for my personal possessions.

I will not participate in any activity, including political activity, which might endanger my local hosts and/or Northeastern University's partner institutions. However, I recognize that if I should encounter legal difficulties, I can contact the nearest U.S. embassy or consulate for assistance. The U.S. consular officer can provide me with a list of local attorneys and may assist in contacting my family or friends. I understand that the consular officials cannot intercede with local authorities on my behalf.

I recognize that in the event of a general civil emergency, the University, through the Government of the United States, will endeavor to assist, but cannot guarantee assistance for, its students.

It is understood that Northeastern University can require my withdrawal from the program for reasons of illness or conduct unbecoming of a student representing Northeastern University, and will be the sole authority in exercising that judgment. I agree to be subject to the University's Student Code of Conduct, [http://www.northeastern.edu/osccr/pdfs/2007-2008\\_Code.pdf](http://www.northeastern.edu/osccr/pdfs/2007-2008_Code.pdf), and accept the disciplinary actions outlined therein if I violate that code while participating the NUin program. I authorize Northeastern University to contact my parent or guardian at any time and authorize the University to disclose information related to my

NUin Location \_\_\_\_\_

Student Name \_\_\_\_\_

activities abroad for the duration of this program to my parent or guardian that may otherwise be protected from disclosure by federal, state or local law.

For the purpose of this waiver, the period of time I am participating in a Northeastern University education abroad program will correspond to the semester dates of the institution I am attending.

*NUin Pre-departure Orientation and Program Dates:*

- Australia: July 27, 2008 – November 30, 2008
- England: August 9, 2008 – November 30, 2008
- Greece: September 13, 2008 – December 12, 2008 (orientation optional)

I understand that this agreement can only be modified in writing by Northeastern University and that no oral modification or interpretation shall be valid.

This agreement shall be governed by the laws of the Commonwealth of Massachusetts.

I ACKNOWLEDGE MY OBLIGATIONS AND RESPONSIBILITIES.

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_  
(if student is under the age of 18)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

If a student reaches the age of 18 while they are participating in the NUin program, they will be required to file a new Acknowledgement of Responsibility and Liability Waiver, or they will be subject to removal from the program.

**Do not return this form via mail.  
Please complete and fax to 617.373.8929 by June 1, 2008.**

NUin Location \_\_\_\_\_

Student Name \_\_\_\_\_