



## STUDENT WAIVER – OVERNIGHT STAY

Complete this form for overnight trips within the United States

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

Student Number: \_\_\_\_\_

Local Address: \_\_\_\_\_

Number and Street

City, State, Zip

Permanent Address: \_\_\_\_\_

Number and Street

City, State, Zip

Local Phone: \_\_\_\_\_ Permanent Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Can you receive text messages?  Yes  No

Ferris Email: \_\_\_\_\_ Program of Study \_\_\_\_\_

Sex  Male  Female

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Number and Street

City, State, Zip

International Student  Yes  No

Please note that your American passport must be up to date and be compliant with U.S. regulations. Please visit the Activities & Resource Center for further information.

\_\_\_\_\_  
Dates of travel

\_\_\_\_\_  
Instructor

## ASSUMPTION OF RISK AND RELEASE FOR OFF-CAMPUS ACTIVITIES

If accepted for participation in this program I understand that I am accountable for all program fees. I acknowledge that an official hold may be placed on my records until all financial responsibilities are fulfilled. I acknowledge that I am responsible for my personal conduct and that I can be dismissed from the program for violation of program rules. I understand that tuition is not included in the program cost.

**SELECTION.** Selection of participants for KCAD/FSU programs will be made by the faculty trip leader and with consultation with the Student Activities Office. Off-campus experiences can be demanding and the selection may be competitive. Factors influencing selection are: the number of available places for a given program site, the applicant's prior academic and conduct record, language skills, evidence of motivation, ability to represent KCAD/FSU, and evidence of maturity and independence. Participation may be denied to an applicant whose conduct prior to departure raises doubts that he or she should be allowed to participate in an international experience.

Whenever possible, the study away program will try to accommodate special needs. In some cases, however, this is not possible. The safety of our students will take priority over all other considerations in the selection of students, site selection, and housing arrangements.

The Student Activities Office reserves the right to withdraw an offer of acceptance to any student who voluntarily or involuntarily leaves KCAD/FSU or is found to have falsified the application.

**CANCELLATION.** I understand that I will be held accountable for the entire cost of the program once the confirmation date has passed. In the event that I notify the Student Activities Office in writing of my intent to cancel my participation or withdraw for reasons beyond my control, I will remain responsible for all program costs incurred on my behalf in accordance with the payment schedule established for the particular program.

**GENERAL RELEASE AND WAIVER.** In consideration of participating in the study away program offered through KCAD/FSU or other institutional sponsor approved by KCAD/FSU, I the undersigned, in full recognition and appreciation of the dangers and hazards inherent in traveling and to which I may be exposed during my enrollment and/or participation in this activity/program, agree to assume all the risks and responsibilities surrounding my participation in study away or any independent activities undertaken as an adjunct thereto; and, further, I do for myself, my heirs, successors, assigns and personal representative(s) hereby defend, hold harmless, indemnify, and release, and forever discharge KCAD/FSU, all its officers, agents and employees from and against any and all claims, demands, and actions, or causes of action, on account of damage to personal property, or personal injury or death which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of KCAD/FSU, its officer, agents or employees, during the period of my participation as aforesaid. Furthermore, I hereby agree to indemnify, defend, and hold harmless KCAD/FSU and its employees, agents, officers, trustees and representatives (in their official and individual capacity) from any and all liability, losses, damages, judgments, or expenses, including attorney fees, that they or any of them include or sustain as a result of any claims, demands, actions, or causes of action that arise out of, occur during, or are in any way connected to my participation in the program and/or any travel incidental thereto.

I agree that this agreement is to be construed under the laws of the State of Michigan, USA; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

**Release of Name, Address, and Number**

May the Student Activities Office provide your name, e-mail address, and telephone number to current and future study away participants and applicants?

yes  no

Note: Faculty leaders may request additional information, and the Student Activities Office will also require additional information regarding health insurance, etc.

**I have read this release, thoroughly understand it, and have asked questions if I did not understand it. My signature below indicates my complete and willful consent.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date of Birth

## Study Away Participant Medical History

It is the aim of Kendall College of Art & Design of Ferris State University to have each participant enjoy as complete an experience as is possible within his/her capabilities. Your medical history will provide the essential information needed to meet that goal. The history is required primarily to determine what adjustments, if any, should be made in schedules of activities to meet the individual needs of participants, and that the participant may safely participate in those activities. The information will also be used in the event of any participant injuries. Please do not leave out any information that may affect your experience! **NOTE: KENDALL COLLEGE OF ART AND DESIGN OF FERRIS STATE UNIVERSITY RESERVES THE RIGHT TO DETERMINE THE EXTENT OF PARTICIPATION OF EACH PARTICIPANT IN ALL ACTIVITIES CONDUCTED BY THE UNIVERSITY.**

Participant First, Middle Name	Last Name
Home Street Address	Age <span style="float: right;">Birthdate</span>
Home City, State, Zip	Daytime Telephone (    ) <span style="float: right;">Home Telephone (    )</span>

### IN CASE OF EMERGENCY CONTACT (Available 24 hours)

Last Name, First, Middle	Relationship	Telephone (    )
Home Street Address	Additional Address	
Home City, State, Zip	City, State, Zip	Additional Telephone (    )

### FAMILY HISTORY

Please list here any close relatives who have had the following illnesses

	YES	NO	RELATIONSHIP		YES	NO	RELATIONSHIP
Asthma/Hay Fever				Kidney Disease			
Arthritis				Stomach Disease			
Diabetes				Tuberculosis			
Epilepsy/convulsions				Heart Disease			

## PERSONAL HISTORY

Check box beside those medical problems participant has had or now has

<input type="checkbox"/> Measles (Rubella) <input type="checkbox"/> Rubella (3-day measles) <input type="checkbox"/> Mumps <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Thyroid <input type="checkbox"/> Sinusitis <input type="checkbox"/> Eye Trouble <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Palpitations <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Problem or Murmur <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Back Problems	<input type="checkbox"/> Ear Trouble <input type="checkbox"/> Throat Problems <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Joint Problems <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Hernia <input type="checkbox"/> Cancer <input type="checkbox"/> Sexually Transmitted Diseases <input type="checkbox"/> Gall Bladder Trouble <input type="checkbox"/> Neurological Disorder <input type="checkbox"/> Pneumonia <input type="checkbox"/> Other	<input type="checkbox"/> Insomnia <input type="checkbox"/> Tension or Depression <input type="checkbox"/> Frequent Headaches <input type="checkbox"/> Head Injury <input type="checkbox"/> Hay Fever, Asthma <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Jaundice, Liver Disease  Ankle Sprains <input type="checkbox"/> Mild <input type="checkbox"/> Severe Knee Injuries <input type="checkbox"/> Mild <input type="checkbox"/> Severe	<input type="checkbox"/> Stomach, Intestinal Trouble <input type="checkbox"/> Fainting <input type="checkbox"/> Allergies to Drugs, Food <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizure Disorder/Epilepsy <input type="checkbox"/> Kidney, Bladder Problems <input type="checkbox"/> Chest Pain  FEMALES ONLY: <input type="checkbox"/> Irregular Periods <input type="checkbox"/> Severe Cramps <input type="checkbox"/> Excessive Flow
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Please list here any HOSPITALIZATION or OUT-PATIENT SURGERY participant has had within the last five years.

Name of Hospital	City & State	Date	Type of illness or operation	Outcome

USE ADDITIONAL SHEET IF NECESSARY

Please comment in detail in the space below on any medical condition checked with and "X" in Personal History.

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List any medications participant is receiving regularly (medications that are required by participants should accompany them on program).

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List any other health or personal concerns that Ferris State University should be aware of in regard to the participant.

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Does the participant have any health problem that requires periodic evaluation or testing?  Yes  No  
(give details)

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List drugs or food which participant is allergic to.

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Date of last tetanus injection.

Date of last physical exam.

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I Declare that My Answers and Statements are Correctly Recorded, Complete and True  
to the Best of My Knowledge and Belief.

Date	Signature of Participant
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**THIS FORM WILL BE KEPT CONFIDENTIAL**

**ASSUMPTION OF RISK AND RELEASE FORM FOR STUDY AWAY PROGRAMS  
KENDALL COLLEGE OF ART AND DESIGN OF FERRIS STATE UNIVERSITY  
THIS IS A RELEASE OF LEGAL RIGHTS – READ AND UNDERSTAND BEFORE SIGNING**

**ALL PARTICIPANTS MUST BE 18 YEARS OF AGE.**

This is a legally binding Assumption of Risk and Release Form for Study Away Programs (referred to as the “Release Form”) executed by \_\_\_\_\_, (referred to as the “Student”) whose date of birth is \_\_\_\_\_, and whose address is \_\_\_\_\_, to Kendall College of Art & Design of Ferris State University, 17 Fountain Street NW, Grand Rapids, MI 49503 (referred to as the “University”). The Student is participating in the \_\_\_\_\_ Study Away Program (referred to as the “Program”).

1. **Risks of Study Away.** I understand that participation in the KCAD/FSU Study Away Program specified above involves risks not found in study at the University. These include risks involved in traveling to and within, and returning from, one or more state; political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; and local medical and weather conditions. I have made my own investigation and am willing to accept these risks.
2. **Institutional Arrangements.** I understand that KCAD/FSU does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. I understand that KCAD/FSU is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out of any such matters.
3. **Independent Activity.** I understand that KCAD/FSU is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any College-supervised activities.
4. **Health and Safety.**
  - A. I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems, which preclude or restrict my participation in this Program.
  - B. 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 the College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care in the United States during the Program, the College is not responsible for the cost or quality of such treatment or care.
  - C. The College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the College from any liability for any actions.
5. **Program Changes.** The College has the right to make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of the Program. I understand that the College’s fees and program charges are based on current airfares, lodging rates and travel costs, which are subject to change. If I leave or am expelled from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. If I become detached from the Program group, fail to meet a departure bus, airplane, or train, or become sick or injured, I will at my own expense seek out, contact, and reach the Program group at its next available destination.

6. **Assumption of Risk and Release of Claims.** Knowing the risks described above, and in consideration of being permitted to participate in the Program. I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify the Ferris State University Board of Trustees, Ferris State University, Kendall College of Art & Design, and its officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit to or from any country where the Program is being conducted).

**I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statements, have been made. This agreement shall become effective only upon receipt of my application by Kendall College of Art & Design of Ferris State University at its offices in Michigan and shall be governed by the laws of the state of Michigan, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.**

X \_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date



**ASSUMPTION OF RISK AND RELEASE, WAIVER, DISCHARGE,  
INDEMNITY AND COVENANT NOT TO SUE FOR ADULT PARTICIPANT IN  
Study Away Program (Institutional activity)**

This is a legally binding Assumption of Risk and Release, Waiver, Discharge, Indemnity and Covenant Not to Sue (referred to as the "Release") executed by \_\_\_\_\_, whose address is \_\_\_\_\_, to

**Kendall College of Art & Design of Ferris State University, 17 Fountain Street NW Grand Rapids, MI 49503** (referred to as the "College").

- 1.0 I, the undersigned, am 18 years of age and otherwise fully competent to execute this Release desire to participate in the \_\_\_\_\_ (hereinafter "Activity"). I fully understand and appreciate the dangers, hazards, and risks inherent in the Activity, in any transportation to and from the Activity, and in any independent research or activities I undertake as an adjunct to the Activity, which dangers include but are not limited to program activities [if necessary, described in more detail in the attached], and which also could include serious or even mortal injuries and property damage (referred to as the "dangers and risks"). I further attest that I have fully considered the aforementioned dangers and risks, and relying on my own judgment, I have voluntarily chosen to participate and assume all such dangers and risks.
- 2.0 Knowing the dangers and risks of the Activity, and in consideration of being permitted to participate in the Activity, I, on behalf of myself, my spouse, family, heirs, administrator(s), personal representative(s), and assigns agree to assume all the risks and responsibilities surrounding my participation in the Activity, and release, waive, forever discharge, and covenant not to sue the College, its governing board, officers, agents, employees, and any students acting as employees and/or volunteers (referred to as the "Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while I am in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.
- 3.0 I understand and agree that Releasees may not have medical personnel available at the location of the Activity or on the campus. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.
- 4.0 It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant Not to Sue" the above-named Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my spouse, family, estate, heirs, administrator(s), personal representative(s), or assigns arising out of my participation in the Activity.
- 5.0 I state that there are no health-related reasons or problems which preclude or restrict my participation in this Activity (other than those restrictions which have been previously disclosed pursuant to a previous request for reasonable accommodations for this Activity), and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to me.
- 6.0 I agree that this Release shall be construed in accordance with the laws of the State of Michigan, which shall be the forum for any disputes or lawsuits arising from or incident to this Release. If any term or provision of this Release

shall for any reason be held invalid, illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby, but shall continue in full legal force and effect.

CAUTION: READ BEFORE SIGNING

**I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THE TERMS OF THIS COMPREHENSIVE “ASSUMPTION OF RISK AND RELEASE, WAIVER, DISCHARGE, INDEMNITY AND COVENANT NOT TO SUE FOR ADULT PARTICIPANT IN THE INSTITUTIONAL ACTIVITY”; THAT I UNDERSTAND ITS CONTENTS AND CONSEQUENCES; THAT THE ONLY PROMISES MADE TO ME TO SIGN THIS COMPREHENSIVE RELEASE ARE THOSE STATED HEREIN; THAT I HAVE BEEN GIVEN SUFFICIENT TIME TO REVIEW THIS RELEASE; AND THAT I AM SIGNING IT KNOWINGLY AND VOLUNTARILY, WITHOUT ANY COERSION, AND WITH THE FULL INTENT OF BEING BOUND BY ITS TERMS.**

ADULT STUDENT/PARTICIPANT

WITNESS

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

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

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

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)