ACKNOWLEDGMENT, RELEASE AND INDEMNITY

THIS AFFECTS YOUR LEGAL RIGHTS. PLEASE READ CAREFULLY BEFORE SIGNING BELOW.

I acknowledge and agree that I assume all the risks	and responsibilities associated with
traveling prior to or remaining abroad beyond the prog	grams dates of the scheduled study
abroad experience to , and I h	ereby release and forever discharge
and covenant not to sue The University of North Flor	
Board of Governors, and the State of Florida, their	r officers, agents, employees, and
representatives ("Releasees") from and against any and	I all liability for any and all claims,
demands, actions, causes of action of whatever kind or	· ·
nature, including attorneys' fees ("Claims") that I or	· •
have or that may hereafter accrue to me, arising ou	
damage or injury, including but not limited to suffering	
sustained, whether caused by his/her action or neglige	
Releasees or third parties arising in connection with my	
of the scheduled study abroad experience. I agree not	
any such harm, loss, damage, or injury. I agree to inde	
from and against all claims asserted against any of the	•
connection with my decision to travel prior to or ren	• • •
dates of the study abroad experience.	, ,
•	
I am of or over the legal age to consent (18). By signing it	my name below, I acknowledge that
I understand the implications of this agreement by me.	
Signature	Date
Signature	Date
Printed Name:	