



Student Last / First Name _____

The Open School of Ethnography and Anthropology
The Community Institute for Transcultural Exchange

OSEA Waiver of Liability and Hold Harmless Agreement

I, _____, hereby RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE OSEA, OSEA-CITE, their officers, servants, agents, advisors, employees, affiliated institutions, or partners (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE of the releasees, or otherwise, while participating in the Activity, or while in, on or upon the premises where the Activity is being conducted or in transportation to and from said premises. [Initial____]

- To the best of my knowledge, I can fully participate in all aspects of the OSEA Field School program, including but not limited to homestays with families of lesser economic means, fieldwork, participation in classroom and seminars on OSEA premises and other non-traditional on-site locations, ethnographic research, educational field trips of cultural and ecological importance, international air and ground travel in México by myself on my own responsibility to OSEA and the community of Pisté, social events with culturally different persons (hereinafter referred to as ACTIVITY). I am fully aware of the risks and hazards connected with the Activity, including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in the Activity, and to enter the above-named premises, communities, and locations in order to engage in such activity knowing that the Activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damages or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an Activity, whether caused by negligence or releases or otherwise. [Initial____]

- I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney’s fees, that may incur due to my participation in said Activity, whether caused by negligence of releasees or otherwise. [Initial____]

- It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE THE ABOVE RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Indiana, USA. [Initial____]

- I understand that the OSEA, OSEA-CITE and its agents in charge of the above stated activity are not responsible for any medical costs associated with any injury or illness I may sustain or that I have previously contracted prior to my participation in the program.
- I further agree to become familiar with the rules and regulations of the OSEA Field School concerning student conduct, norms of behavior, ethics of ethnographic research and not to violate said rules, norms, or expectations of behavior nor any directive or instruction made by OSEA Director or Staff in charge of said Activity and that I will further assume the complete risk of any Activity done in violation or any rule or directive or instruction. [Initial____]

- I understand that I am required by OSEA to obtain health and accident insurance to cover the costs of emergency evacuation, ambulance service, hospitalization or any charges incurred due to personal injury, accident, or illness to myself which may be sustained during the Activity [Initial____]

- I understand that I am required by OSEA to submit proof of such medical and emergency evacuation insurance that covers these charges during the time period of the program and in the locations in which the program Activity occurs [Initial____]

In signing this Release, I acknowledge and represent that I have read the foregoing Waiver of Liability



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and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representation, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this RELEASE for full, adequate and complete consideration fully intending to be bound by same.

Applicants may choose not to sign this form. The failure to sign and submit this release of liability constitutes considered cancellation and withdrawal from OSEA Programs. No person is allowed to participate in any OSEA Field Study Abroad Program without the signed consent of release of Liability. Student cancellation entails the total or partial forfeiture of all payments made to OSEA, including tuition, application fees housing, food, and activities fees, as regulated by the published guidelines for refunds, reimbursements and withdrawal. Please review OSEA cancellation policies at www.osea-cite.org/apply/schedule_of_fees.php

Signatures

Name of Participant (Print)	Signature	Date
Student's Social Security Number	Nationality.	Passport Number
Name of Parent/Guardian if applicant is under 18 (Print). Relationship		Signature Date

I, _____ (name) notary public in the
County of _____ in the State of _____
with Registration / License or other Identification _____
expiring on _____ witness and verify that _____
_____ on this day _____
provided the following identification _____
and has signed this waiver of liability by his or her own accord and will.

Signed, _____ on date: _____
Seal of Notary Public: