

STATE UNIVERSITY OF NEW YORK  
Out-Of-Country Academic Programs

AGREEMENT AND RELEASE AND ACKNOWLEDGEMENT OF INSURANCE COVERAGE FOR  
SHORT-TERM TRIPS OUTSIDE OF U.S.

RETURN TO SUNY POTSDAM, INTERNATIONAL EDUCATION & PROGRAMS, CENTER FOR APPLIED LEARNING,  
CRUMB LIBRARY 107, 44 PIERREPONT AVENUE, POTSDAM, NY 13676 or by email attachment to  
international@potdam.edu or by fax 315-267-2811.

PLEASE TYPE OR PRINT.

Name: \_\_\_\_\_ Potsdam ID P \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
MM/DD/YYYY

SUNY email: \_\_\_\_\_@potdam.edu Personal email: \_\_\_\_\_

Destination: \_\_\_\_\_ Led by \_\_\_\_\_  
City, Country Faculty Member(s)

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

**For Participants in State University of New York Administered Short-Term Out-of-Country Academic Activities**

In consideration for participating in a short-term out-of-country academic activity, hereby agree to indemnify, defend, hold harmless, release and forever discharge the State of New York, the State University of New York and SUNY Potsdam, their respective employees, agents, officers, trustees, and representatives (in their official and individual capacities), and hereinafter referred to as *SUNY* from any and all liability, claims, demands, actions, and causes of actions 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 *SUNY*, or otherwise, while participating in such activity, or while in, on, or upon the premises where the activity is being conducted or in transportation to and from the SUNY Potsdam campus.

To the best of my knowledge, I can fully participate in this activity. I am fully aware of the risks and hazards connected with this activity, including, but not limited to, the risks noted herein. I hereby elect to participate voluntarily in said activity, and to enter the above-named activity and engage in such activity knowing that the activity may be hazardous to me and my property. I voluntarily assume fully responsibility for any risks of loss, property damage, 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 activity, whether caused by the negligence of *SUNY* or otherwise.

I further agree to indemnify and hold harmless *SUNY* from any loss, liability, damage, or costs, including medical costs, court costs and attorney's fees, that may incur due to my participation in a short-term out-of-country academic activity, either caused by negligence of *SUNY* or otherwise.

It is my express intent that this Waiver of Liability and Hold-Harmless Form 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 an agreement to indemnify, defend, hold harmless, release and forever discharge *SUNY*. I agree that the terms of this *Agreement/Release/Waiver of Insurance Form* are to be construed under the laws of the State of New York, and that if any portion thereof is held invalid, the balance thereof shall, notwithstanding, continue in full legal force and effect.

In signing this Waiver of Liability and Hold-Harmless Form, I hereby acknowledge and represent that I have read the foregoing Terms and Agreement for Participation in a *SUNY* administered short-term out-of-country academic activity, understand it, and sign it voluntarily as my own free act and deed. No oral representations, statements, or inducements, apart from the foregoing written form have been made. If under age 18, a parent or guardian must sign indicating their assumption of legal and financial responsibility for my participation in this activity; and I execute this form in full, adequate, and complete consideration fully intending to be bound by same.

