

2. Liability Waiver

Star Service & Study Abroad
admin@starserviceandstudy.com
Amherst, Massachusetts
Summer 2017 Program

First Name _____ Last Name _____

College _____ Class Year _____

Email Address _____ Phone Number _____

Permanent Street Address _____

City _____ State _____ Zip Code _____

I _____ agree to waive, release, covenant not to sue and forever discharge SSSA and CHF from any and all manner of actions, causes or causes of action, including, but not limited to negligence, suits, debts, accounts, damages, claims and demands of whatsoever in law, admiralty, or in equity or otherwise, which I have or may acquire by reason of injury, damage or harm to person or property while participating in, arising out of, or connected with SSSA and CHF.

I understand and agree to the terms that Star Service & Study Abroad (SSSA) and the Cheerful Hearts Foundation (CHF) are not responsible for any lost or stolen items. Nor are they, SSSA and CHF, in any way responsible for any personal injury or illness or death.

I understand that participants with SSSA are responsible for holding international health and any other necessary forms of insurance. Additionally, I understand that participants with SSSA, including myself, are responsible for acting and moving about Ghana in a responsible manner that reduces risk of loss and theft of personal belongings, and in ways recommended that reduce the risk of injury or illness or death.

I agree to defend, indemnify and hold harmless SSSA and CHF from any and all claims, demands, and/or causes of action, including but not limited to reasonable attorney fees, medical fees and court costs, arising out of my actions while participating in the SSSA or in connection with any accident or injury that may occur may occur during the activities associated with the SSSA.

By signing this document, I have read, understand, and agree to the terms above.

Signature _____ Date _____

Emergency Contact Information

In the unlikely event of an emergency situation, whether medical, legal, personal or other, Star Service & Study Abroad requires all participants to provide the information of a responsible third party who has the capacity to attend to and/or respond to unforeseen circumstances and other important matters on the participant's behalf.

Your Information

First Name _____ Last Name _____
College _____ Class Year _____
Email Address _____ Phone Number _____
Permanent Street Address _____
City _____ State _____ Zip Code _____

Emergency Contact Information

First Name _____ Last Name _____
Cell Phone Number _____ Home Phone Number _____
Work Phone Number _____ Relationship _____
Email Address _____
Permanent Street Address _____
City _____ State _____ Zip Code _____

- ☐ This person knows that I will be in Ghana with Star Service & Study Abroad during the specified summer dates. (Please note that provided emergency contacts must be fully aware of your participation in our international travel program).

Permission to Share Information

By signing this form, I give SSSA and CHF permission to communicate with each other and the emergency contact(s) provided regarding any issues surrounding my study abroad experience. I understand that such contact may occur before, during or after my travels to Ghana with SSSA and, when possible, I will be notified in advance that SSSA and/or CHF will be contacting the party listed. Communication with my emergency contact may include, but not be limited to, my account information, student conduct issues, health and safety, and/or my academics.

Signature _____ Date _____