

# NYU IN BUENOS AIRES

## Foreign Travel Release Form FOR STUDENTS 18 YEARS OR OLDER (Page 1 of 2)

Name

NYU in Buenos Aires

University ID Number

NYU Site Abroad

Semester/Year

### Program: NYU Study Abroad

In consideration for permitting me to participate in the NYU Study Abroad Program at the NYU in Buenos Aires site (the "Program"), which Program will or may involve travel in, from, and to the United States, and in, to, and from places abroad, including, without being limited to, **Buenos Aires, Argentina**, I hereby agree:

(a) to release and discharge New York University (the "University") from any liability or responsibility for any injury (including death), and for any damage to or loss of property, however caused, that I suffer as a result of or in connection with my participation in the Program or any travel related to the Program, including, without being limited to, any injury, loss, or damage resulting from, arising out of, or occurring in connection with the negligent acts or omissions of members of the faculty or other employees, agents, or servants of the University; and

(b) not to raise any claim or institute any legal action or proceeding against the University for any cause of action that may result from or arise out of or in connection with my participation in the Program or any travel related to the Program, including, without being limited to, any cause of action that may result from or arise out of or in connection with the negligent acts or omissions of members of the faculty or other employees, agents, or servants of the University.

All references to the University in this form shall include, and all provisions of this form shall inure to the benefit of, the University's trustees, officers, employees, agents, servants, and representatives.

I acknowledge that international travel and living abroad have inherent risks outside the control of the University that may be affected in part by my own actions in following the standard guidelines concerning travel and safety. I further acknowledge that I have been instructed to access and become familiar with the United States Department of State travel reports concerning security and safety issues in Argentina and/or other countries to which I may travel ([www.state.gov](http://www.state.gov)) and the materials published by the United States Centers for Disease Control and Prevention regarding health or medical risks that may exist in Argentina and/or other countries to which I may travel ([www.cdc.gov](http://www.cdc.gov)).

I will inform an appropriate representative of the University of any special information regarding my health, or physical or mental condition, that may be relevant to my participation in the Program or any travel related to the Program.

This release shall be governed by and construed in accordance with the laws of the State of New York applicable to contracts entered into and intended to be performed solely within the State of New York. I shall submit to the jurisdiction of the federal and state courts located in New York County, New York State, for the resolution of disputes arising hereunder or relating hereto, regardless of the place of execution hereof.

Name

Date of Birth

Address

City

State

Zip Code

Signature

Date

**NOTE:** *If you are not yet 18 years old, please have your parent or other legal guardian complete and sign the release form for students under 18 years of age.*

**Return this form to NYU Office of Global Programs**

110 East 14th Street, Lower Level • New York, NY 10003-4170 • TEL 212.998.4433 • FAX 212.995.4103 • [www.nyu.edu/studyabroad](http://www.nyu.edu/studyabroad)

revised 1/09

# NYU IN BUENOS AIRES

## Foreign Travel Release Form FOR STUDENTS UNDER 18 YEARS OF AGE (Page 2 of 2)

Name

**NYU in Buenos Aires**

NYU Site Abroad

University ID Number

Semester/Year

### Program: NYU Study Abroad

In consideration for permitting my child to participate in the NYU Study Abroad Program at the NYU in Buenos Aires site (the "Program"), which Program will or may involve travel in, from, and to the United States, and in, to, and from places abroad, including, without being limited to, **Buenos Aires, Argentina**, I hereby agree:

(a) to release and discharge New York University (the "University") from any liability or responsibility for any injury (including death), and for any damage to or loss of property, however caused, that my child or I suffer as a result of or in connection with my child's participation in the Program or any travel related to the Program, including, without being limited to, any injury, loss, or damage resulting from, arising out of, or occurring in connection with the negligent acts or omissions of members of the faculty or other employees, agents, or servants of the University;

(b) not to raise any claim or institute any legal action or proceeding, on my behalf or on behalf of my child, against the University for any cause of action that may result from or arise out of or in connection with my child's participation in the Program or any travel related to the Program, for any injury (including death) to my child, including, without being limited to, injury, loss, or damage that may result from or arise out of or in connection with the negligent acts or omissions of members of the faculty or other employees, agents, or servants of the University; and

(c) to indemnify the University and hold it safe and harmless from and against any claim or cause of action asserted by my child, or on behalf of my child, against the University, for loss of, or damage or injury (including death) to, his or her person or property resulting from, arising out of, or occurring in connection with my child's participation in the Program or any travel related to the Program.

All references to the University in this form shall include, and all provisions of this form shall inure to the benefit of, the University's trustees, officers, employees, agents, servants, and representatives.

I acknowledge that international travel and living abroad have inherent risks outside the control of the University that may be affected in part by my child's actions in following the standard guidelines concerning travel and safety. I further acknowledge that my child and I have been instructed to access and become familiar with the United States Department of State travel reports concerning security and safety issues in Argentina and/or other countries to which my child may travel ([www.state.gov](http://www.state.gov)) and the materials published by the United States Centers for Disease Control and Prevention regarding health or medical risks that may exist in Argentina and/or other countries to which my child may travel ([www.cdc.gov](http://www.cdc.gov)).

I will inform an appropriate representative of the University of any special information regarding my child's health, or physical or mental condition, that may be relevant to my child's participation in the Program or any travel related to the Program.

This release shall be governed by and construed in accordance with the laws of the State of New York applicable to contracts entered into and intended to be performed solely within the State of New York. I shall submit to the jurisdiction of the federal and state courts located in New York County, New York State, for the resolution of disputes arising hereunder or relating hereto, regardless of the place of execution hereof.

Name (parent or legal guardian)

Signature

Address

City

State

Zip Code

Child's Name

Date

**Return this form to NYU Office of Global Programs**