

# Parent/ Guardian Agreement Form

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Off-Campus Program:** \_\_\_\_\_ **Semester:** \_\_\_\_\_

As the parent(s)/ guardian(s) of the above student, I/ we give permission for the student to participate in the above program in the semester listed.

I/ we jointly and separately understand and agree that Albion College and/or its personnel shall assume no responsibility for any damages, expenses or liability arising from any illness or injury suffered by the student while enrolled in said program. During the approved off-campus program dates, students will receive Albion College's current international medical accident and hospitalization insurance. This includes coverage for medical evacuation and repatriation.

I/ we further agree to accept full responsibility for any and all medical and/or hospitalization expenses which exceed the limits of the aforementioned insurance policy, or which, for whatever reasons, are not covered thereby. I/we shall hold Albion College and its personnel harmless from such costs and expenses.

I/ we acknowledge that withdrawal from a program prior to its formal completion in no way reduces the cost or relieves the participant of paying the full charges for the program. In addition, Albion College will not award academic credit for the off-campus program if a student fails to complete the program.

I/ we hereby acknowledge that I/ we have read and fully understand the above Agreement, and agree to comply fully with the terms and conditions contained therein.

## **Parent/Guardian 1, required:**

Printed Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Parent/Guardian 2, required if applicable:**

Printed Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_