

Destination Europe: Belgium 2024

Release from liability and assumption of risk

I fully realize and acknowledge that there is an element of risk in travel and I voluntarily assume all the risks associated with my participation in the program above. I acknowledge these risks, which include, among others, the risk of physical/mental injury or illness in a foreign country, the risk of accident during travel by aircraft, automobile, bus, watercraft, train or other means of transportation, property loss or damage, dangers from surface hazards or terrain, weather conditions and natural disasters and the dangers arising from terrorist or criminal activity. Knowing these risks, I fully assume all risk of illness, injury or death and release Kansas State University, the College of Veterinary Medicine, the State of Kansas and their agents from all actions, claims, or demands for damages or expenses resulting from my participation in this trip.

I agree that it is my responsibility to be familiar with and capable of handling the physical and/or mental demands associated with the tour. I declare that I have no physical, mental or psychological condition that would endanger me or others if I participate in this tour or that would interfere with my ability to participate. I agree to abide by any rules established by the guides while I am participating, and understand and acknowledge that failure or refusal on my part to do so shall entitle the guide to deny me further participation in the tour. Such a denial of service shall not entitle me to any refund for the tour.

I acknowledge that the obligation stated here is binding upon me, my heirs, executors and administrators, and members of my family. I agree that any medical expenses incurred, including emergency evacuation, will be my sole responsibility and that I will be responsible for all such expenses. I acknowledge that I have carefully read and understand this agreement, as well as the description of the tour. I acknowledge that this is a liability release and a legally binding contract between myself and Kansas State University and its associates, and sign it of my own free will.

Participant's Name

Participant's Signature

Dated (day/month/year)

Spouse's Name (if applicable)

Spouse's Signature (if applicable)

Dated (day/month/year)