Travel Waiver and Release of Liability
Study Abroad Program 2025

Alliance Française de Dallas in partnership with the Alliance Française de Aix-en-Provence / Marseille.

Participant Information:

- Name:_____
- Date of Birth:_____
- Program Location:Aix-en-Provence, France
- Program Dates: Saturday, May 22nd, 2027 to Sunday, June 6th, 2027.

Waiver and Release:

I, the undersigned participant, acknowledge that I have voluntarily chosen to participate in the Study Abroad Program offered by Alliance Française de Dallas in partnership with the Alliance Française de Aix-en-Provence in 2027. I understand that participation in this program involves travel to and from the program location, as well as activities that may include, but are not limited to, transportation, lodging, meals, and educational excursions.

I am aware that travel and participation in this program may involve risks, including but not limited to, accidents, injuries, illnesses, and other unforeseen events. I voluntarily assume all such risks and agree to release, waive, and discharge Alliance Française de Dallas, its officers, directors, employees, agents, and volunteers from any and all liability, claims, demands, actions, or causes of action 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 while participating in the program.

Medical Authorization:

In the event of an emergency, I authorize Alliance Française de Dallas and its representatives to obtain medical treatment for me as deemed necessary. I agree to be responsible for any medical expenses incurred as a result of such treatment.

Code of Conduct:

I agree to abide by the rules and regulations set forth by Alliance Française de Dallas and the host institution. I understand that failure to comply with these rules may result in my dismissal from the program and immediate return home at my own expense.

Insurance:

I acknowledge that I am responsible for obtaining and maintaining adequate health and travel insurance for the duration of the program. I understand that the Alliance Francaise of Dallas does not provide insurance coverage for participants.

Acknowledgment of Understanding:

I have read this waiver and release of liability and fully understand its terms. I acknowledge that I am signing this agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant Signature: _____Date:_____