# Off-Campus Waiver Form

AUK International Programs

By completing and signing this **Off-Campus Waiver Form,** I acknowledge that I have read and understood the terms and conditions of participating in an AUK International Program, voluntarily accept the associated responsibilities and risks, and agree to comply with all applicable University policies and instructions.

**Name:** _____ **AUK ID#:** _____ **Mobile #** _____

**Major:** _____ **Minor:** _____

**Program Applying To:** _____

**Program Semester** (choose one from the below, or multiple if a full year): **Program Year:** _____

☐ Fall Semester ☐ Spring Semester ☐ Summer

| Emergency Contact Information | | | | |
|---|---|---|---|---|
| | Name of Emergency Contact | Mobile # | Email | Relationship |
| **1** | | | | |
| **2** | | | | |

| Medical & Insurance Information *(if applicable)* | | | | | |
|---|---|---|---|---|---|
| List of current medications: | | | | | |
| List any known allergies: | | | | | |
| Other relevant health information: | | | | | |
| Medical Insurance Provider: | | Expiry: | | Policy No.: | |
| Travel Insurance Provider: | | Period of coverage: | | | |
| **Notes:** | | | | | |

- When mandated by embassies, travel insurance is required for all activities outside of Kuwait (Confirmation of travel insurance must be attached to this form, with relevant services and information.)
- It is the responsibility of each attendee or their guardian to assure routine medical needs are met and that the attendee is fit to participate and travel and has all necessary medications and medical aids required.

## Statement of Responsibility:

By signing this form, I agree to abide by the following rules:

- Abide by all University policies & Code of Conduct as set forth in the University Catalog.
- Follow safety and other instructions provided by the University through its representatives.
- Share responsibility for my personal safety and not endanger others who are participating in the activity.
- Operate and use equipment and materials in a proper and safe manner.
- Immediately report all defective equipment and/or unsafe acts and dangerous conditions to a University representative.
- Represent AUK in the best way possible; encourage fair play and be courteous.
- Respect opponents, students, teachers, and officials.
- I agree not to use or possess alcohol or drugs at any time while participating in this event or activity.
- To obtain and maintain such health, accident, disability, hospitalization and travel insurance as deemed necessary, and to be responsible for the costs of such insurance for any expenses not covered by insurance.
- To immediately disclose to the University any physical or emotional conditions or problems that might impair my ability to complete the activity.
- Participation in this activity is voluntary and that failure to comply with this waiver or in any way bring discredit to the University or the activity's participants and will terminate my participation without a refund and may require me to pay back expenses incurred by the University.
- In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be responsible for all medical expenses which are incurred on my behalf. I also give permission to be transported by the appropriate medical personnel in the event of an emergency, if necessary.

## Waiver of Liability:

I acknowledge that participation in an AUK International Program, including international travel, involves inherent risks, including but not limited to illness, injury, accidents, theft, property loss, travel disruptions, political unrest, acts of terrorism, natural disasters, civil disturbances, and other unforeseen events. I understand that these risks may arise from my own actions or omissions, the actions or omissions of others, or circumstances beyond the control of the American University of Kuwait ("AUK").

I voluntarily assume all risks associated with my participation in the program and accept full responsibility for my health, safety, conduct, personal property, and any injury, illness, disability, death, loss, damage, claim, liability, or expense that may arise before, during, or after the program.

I agree to release, waive, and hold harmless the American University of Kuwait, its Board of Trustees, officers, employees, representatives, agents, and successors from any and all claims, demands, liabilities, damages, or causes of action arising out of or related to my voluntary participation in the program, except to the extent caused by AUK's gross negligence or willful misconduct.

**By signing below, I have read and understood the statement of responsibility and waiver of liability and accept to follow the guidelines provided.**

| Name of participant (Print clearly) | AUK ID # | Mobile # | Signature | Date |
|---|---|---|---|---|
| | | | | |

| Name of Parent/Guardian | Mobile # | Parent/Guardian Signature | Date |
|---|---|---|---|
| | | | |