

Off-Campus Programs
Dartmouth College
44 North College Street, Suite 6102
Hanover, NH 03755

Release

Name _____ Class _____

Location of Program _____ Year and Term _____

To applicants and their parents:

The two agreements below are designed primarily to acknowledge that students assume certain risks in participating in an off-campus program, to protect our group members, and to protect Dartmouth College in the event that an emergency might require the immediate action parents would take if they were present.

On rare occasions an emergency requiring hospitalization and/or surgery develops, and students might not be administered an anesthetic or operated upon without the written consent of the parent or guardian. We feel parents would not wish their sons or daughters to join a group under the auspices of an organization which did not make appropriate provision for emergencies. Accordingly, we hope you will understand the need for you to complete the two statements below.

APPROVAL AND RELEASE

I hereby approve the application of the student named below, and release Dartmouth College, its officers, employees and agents, from any and all claims and causes of action for loss of or damage to property, personal injury or death arising out of any travel or activity conducted by or under the control of Dartmouth College, except insofar as said loss, damage, injury, or death results directly from the willful, wanton, or actually negligent conduct of Dartmouth College, its officers or agents.

Student Date of Birth

Signature of Parent or Guardian Date

PERMISSION FOR EMERGENCY TREATMENT

In case of medical emergency occurring while the student named below is participating in an off-campus program, I hereby authorize the representative of Dartmouth College abroad to secure whatever treatment is necessary, including the administration of an anesthetic and surgery.

Student Date of Birth

Signature of Parent or Guardian Date

Faxing is not allowed.