

STATEMENT OF RESPONSIBILITY

Release and Indemnification Agreement

I, the undersigned, have agreed to participate in the Study in Portugal Network (SiPN) Program identified below (the “Program”). In consideration of SiPN Study Abroad’s agreement to permit me to participate in the program, the receipt and sufficiency of which is hereby acknowledged, I hereby agree as follows:

1. I understand that my participation is wholly voluntary. I certify that I am 18 years of age or older.
2. I have read and understood the general requirements for the Program, found at www.studyinportugalnwork.com, (b) the U.S. State Department Consular Information concerning travel to, in and around my Program country - Portugal (the “Travel Advisory”), found at <http://travel.state.gov/content/passports/english/country/Portugal.html>
3. Though SiPN has made every reasonable effort to assure students’ health and safety while participating in the Program, there are unavoidable risks in travel overseas, including (a) those identified in the general health guidelines, and the Travel Advisory, and (b) those associated with strikes, civil unrest, terrorism, war, criminal activity, force majeure, weather conditions, public health risks, acts of God, and other possibly dangerous conditions beyond the control of SiPN. I am aware of and understand the risks and dangers of travel to, in and around my Program country/countries, including the dangers to my own health and personal safety posed by terrorism, crime, civil unrest and violence. I hereby assume, knowingly and voluntarily, each of the risks described above and all of the other risks which could arise out of or occur during my travel to, from, in or around my Program country.
4. I, individually and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge SiPN, their employees, agents, officers, trustees and representatives (in their official and individual capacities) (the “SiPN Representatives”) from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property or both (“Losses”), including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney’s fees, which arise out of, result from, occur during or are connected in any manner with my participation in the Program, including any program sponsored travel to or from any country where the Program is being conducted, any related or independent travel, any activities or excursions, irrespective of whether they are sponsored, supervised or controlled by SiPN, except for such Losses as may be caused by the gross negligence or willful misconduct of the SiPN Representatives. I also agree to indemnify and hold harmless the SiPN Representatives from and against any Losses.

5. This Agreement and the Conditions of Participation represent the complete understanding with Study in Portugal Network's responsibility and liability for my participation in the Program. This Agreement and the Conditions of Participation supersede any previous or contemporaneous understandings with SiPN, whether written or oral, and cannot be changed or amended except in writing and signed by an authorized officer or agent of SiPN. Should any provision or aspect of this Agreement or the Conditions of Participation be found unenforceable, all remaining provisions of the Agreement or the Conditions of Participation will remain in full force and effect. Should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such dispute or lawsuit must be filed only in a court in Tribunal Cível da Comarca da Lisboa, to the exclusion of any other court or jurisdiction. This Agreement and the Conditions of Participation shall be governed by the laws of the Portuguese State (without regard to its conflicts of laws rules).
6. I have shared the above information with those other parties responsible for payment or with related interest and understand that, before signing this Agreement, I have the right to consult with the advisor, counselor, or attorney of my choice.

Student's Name _____ (PLEASE PRINT)

Summer _____

June

July

August

Internship A (June & July)

Internship B (July & August)

Other/Comments

Fall _____

Full Year _____

Spring _____

Other/Comments

Student's Signature

Date

(Fill out and submit this document by printing, signing, and scanning to your computer. Then upload it to your SiPN protected account in the designated area of your application. If you have any trouble with scanning and/or uploading, please email your signed and completed documents to applications@studyinportugalnwork.com or fax to +351 21-392-8772)