



**IONA IN MISSION PERSONAL WAIVER**

I, the undersigned, do hereby release and agree to indemnify Iona College and their respective agents, employees, trustees, administrators, officers, successors and assigns from all actions, causes of action, injury, personal injury, including death, damages, loss, accident, delay, claims and demands, whatsoever, in law, admiralty or equity which may arise out of my participation in the Program or any of its incidents. Any obligation or expense incurred by me or on my behalf incident to the Program will be promptly paid or reimbursed by me (or my parents). Further, Iona College will not be liable for any injury, personal injury, damages, loss, accident, delay or irregularity which may be occasioned either by reason of any defect in any vehicle, or through the acts or default of any company or person engaged in conveying the undersigned, or any other cause in connection therewith.

I hereby grant Iona College or any of its agents full authority to take whatever action deemed necessary under the circumstances regarding my health and safety. This authority will permit Iona College, its employees or agents at their discretion to place me, at my own (or my parents') expense in a hospital for medical services and treatment, or if no hospital is available, to place me in the hands of a local medical doctor for treatment. I further authorize its officers or agents to fly me back to the United States at my own (or my parents') expense for medical treatment as deemed necessary by Iona College in consultation with local medical authorities.

I specifically agree to accept the supervision and authority of Iona College or its agents throughout my association with the Program, to comply with all rules and regulations which may be issued from time to time, to accept the will of the majority on group tours or other activities arranged by the Program, and to conduct myself as a responsible representative of my college and country, I also agree that Iona College has the right to terminate my participation in the Program for failure to maintain standards or for any action or behavior which it considers to be incompatible or detrimental to the interests, welfare, and comfort of the other participants. If my participation is terminated, I consent to being sent home at my own (or my parents') expense, with no right to refund of tuition and fees.

It is understood that Iona College reserves the right to modify or cancel the program if conditions so dictate. I also understand that the tuition fees and transportation costs of the Program are based on applicable tariffs and current monetary exchange rates and are subject to minor change according to regulations in effect at time of departure.

IONA IN MISSION                      2011-2012

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\_\_\_\_\_  
\*SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
\*SIGNATURE OF PARENT: (if applicant is a minor)

\_\_\_\_\_  
DATE

**WAIVER FORM**  
**Participants in the Center for Campus Ministries**  
**Iona in Mission Program**

1. Medical Insurance: All participants must have their own medical coverage either through their parent's policy or through a policy provided by the College. Participants are responsible for familiarizing themselves with their insurance policy.
2. Personal Property: Participants assume all risks for property lost, stolen or damaged.
3. Worker's Compensation: It is not the intent of the College to provide workers' compensation for participants. Some agencies may have workers' compensation coverage for volunteers but this should not be assumed. If injuries that occur on-the-job are not covered by the agency, students should submit medical bills to their insurance carriers.

**EMERGENCY FORM**

NAME: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

In case of an emergency please contact:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_