

COAST COMMUNITY COLLEGE DISTRICT VOLUNTARY WITHDRAWAL FORM

**STUDY ABROAD
ACKNOWLEDGEMENT, RELEASE, HOLD HARMLESS AND
ASSUMPTION OF POTENTIAL RISK AGREEMENT**

I, the undersigned, (print name) _____ (“Student/Participant”), I.D. # _____, have signed up and agreed to participate in the District’s Study Abroad Program in _____, occurring from _____ to _____ and have actually begun my participation in such Study Abroad Program and have traveled to and reside in the Country of _____.

I have decided to withdraw from the program and to independently travel. This decision is made against the advice of my instructor and the College. By the execution of this document I hereby acknowledge my withdrawal and my knowledge and understanding that I will have no further connection with or benefit from the Study Abroad Program; and, I forfeit all my rights to housing, all monies paid, all excursions, and all rights to participate in any aspect of the program whether paid for or not. I will be responsible for all my own future travel arrangements, housing and meals, and including my return to the United States. I will receive no grade credit.

I hereby understand, acknowledge and agree that the District, its trustees, employees, agents, coaches, teachers, volunteers, or representatives shall not be liable for any injury/illness suffered by me which is incident to and/or associated with my continued travels from and after my withdrawal from this Study Abroad Program.

I hereby agree to release, discharge, indemnify, and hold harmless District, District’s governing board (“Board”), and College and each of their trustees, employees, agents, teachers, volunteers, and representatives free from any and all liability from and after my withdrawal from this Program.

I acknowledge that I have read this voluntary withdrawal form and I understand the legal consequences of this agreement. I further acknowledge my release of all rights to the Program, to all monies paid therefore, and grade credit. I am releasing and agreeing to indemnify the District from all claims or damages that I may incur after my withdrawal from the Study Abroad Program.

Signature/Participant

Date

Signature/Witness

Date

Printed Name/Witness

Date