

UKRAINIAN CATHOLIC UNIVERSITY

2012 Pilgrimage

ACKNOWLEDGMENT OF RESPONSIBILITY & LIABILITY WAIVER

I understand that participation in the Ukrainian Catholic University's Pilgrimage 2012 will take me to Ukraine for an extended period. I understand that I may be exposed to risks during this period, which I am prepared to accept.

In consideration of approval to participate in this program, I hereby release and hold harmless the Ukrainian Catholic University, and the Ukrainian Catholic Education Foundation, their officers, directors, agents, employees and volunteers, from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer, as a result of my participation in this program due to any cause whatsoever including, but not limited to, negligence, breach of contract or breach of any statutory or other duty of care, delay, expense resulting from events beyond their control, acts of God, war, civil unrest, sickness, transportation, scheduling and government restrictions or regulations.

I further understand that it is my responsibility to abide by all applicable policies of the Ukrainian Catholic University, the laws of Ukraine and the United States, and to ensure I have adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions.

I understand that the Ukrainian Catholic University can require my withdrawal from the 2012 Pilgrimage for reason of illness or conduct unbecoming a student or staff member of the Ukrainian Catholic University, and that the Ukrainian Catholic University and its appointees will be the sole authority in exercising that judgment. I understand that I am responsible for any additional expenses incurred as a result of my withdrawal from the program.

I understand that this agreement cannot be modified nor interpreted except in writing by the Ukrainian Catholic University and that no oral modification or interpretation shall be valid.

Name: _____

Address: _____

Telephone: (_____) _____

Next of Kin: _____

Relationship: _____

Address: _____

Telephone: (_____) _____

I ACKNOWLEDGE MY OBLIGATIONS AND RESPONSIBILITIES

Signed: _____ (Participant)

_____ (Parent or Guardian if under age 18)

Witness _____

Date: _____