CORNELL UNIVERSITY
Release Agreement for Local Community Participant in the International Friendship Program

We are pleased that you have agreed to participate in the Cornell International Friendship Program (CIFP) sponsored by the International Students and Scholars office. Please understand that Cornell University cannot be responsible for any accident or injury that occurs while participating in this friendship program as we are not controlling and overseeing the activities which you decide to engage in. Nonetheless, we expect that you will do everything possible to insure the safety and security of our international participants (students, academic staff and their family members) who decide to participate in this program. In consideration of your participation, you need to agree to:

1. Release, indemnify, and hold harmless Cornell University, including the International Students and Scholars Office and their trustees, officers, agents and employees from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to your actions or the actions of your family members.

2. I agree to provide Accident or Medical Insurance for myself and my family as decided by me but also agree that I am financially responsible for all such expenses whatsoever for myself and my family. I have read and understand the terms of this Agreement and Release and agree to all terms and conditions on behalf of myself, heirs, representatives, executors, or administrators.

3. I state that I am cognizant of all inherent dangers of participation and the risks involved in this international friendship experience, and that any travel involves considerable risk (which I agree to assume), such as an automobile accident, and other risks. However I also acknowledge that not every risk or possibility can be foreseen, and that the omission of a risk does not in any way limit the enforceability of this release. I understand that Cornell does not do screening on these international participants, other than academic screening and any screening as required by law. I agree that Cornell University is only responsible for those things caused by the sole, direct and active negligence of the University’s employees.


5. I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not mere recital, and that I have signed this document as my own free act and that the absence of this document and its enforceability would have meant that the program would not be possible.

Participant (print name) ________________________________
Participant signature ________________________________
Witness (print name) _________________________________
Witness signature ___________________________ Date ___________