GENERAL AGREEMENT AND RELEASE FORM
(Parents/Legal Guardians)

Please read the following General Agreement and Release form, complete the Permission and Guaranty, sign and have notarized. Program participation will not be finalized until student and parent/legal guardian copies are returned (within 2 weeks of CAS approval) to the Office of Off-Campus Study & Exchanges.

*** This Agreement constitutes the entire agreement between the parties and is not subject to changes or supplements. ***

1. The undersigned, (hereinafter “I”), the parent or legal guardian of an applicant (hereinafter, “Child”) for the Skidmore Short Term Program/Travel Seminar (hereinafter “the Program”) offered by Skidmore College (hereinafter “Skidmore”) hereby waives and releases Skidmore, its agents and employees from and against all claims or causes of action which I or my Child may have, now or in the future, relating to any injury, loss, damage, accident, delay or expense resulting from participation in the Program, including, without limiting the generality of the foregoing, the use of any vehicle, the occurrence of strikes, governmental restrictions or regulations, or the acts or omissions of any water carrier, airline, railroad, bus company, taxi service, hotel, restaurant, school, university, or any other firm, agency, company or individual. I hereby agree to exonerate, indemnify and hold Skidmore, its agents and employees harmless from and against any and all obligations or liabilities for which I or my Child may become liable as the result of damage or injury to the person or property of others while participating in the Program. I expressly acknowledge and agree that Skidmore, its agents and employees shall not be responsible for any injury or loss whatsoever suffered by me or my Child during periods of independent travel (which I understand are unsupervised) or during any absence from activities supervised by Skidmore.

2. During my Child's participation in the Program, I hereby grant Skidmore, its employees and agents full authority to take whatever actions they may consider to be warranted under the circumstances regarding the protection of his/her health and safety, and I hereby release each of them from any liability for any such decisions or actions as may be taken by them in connection therewith. The authority granted in the preceding sentence shall include the right to place my Child, at their expense, and without further consent, in a hospital for medical services and treatment, or if no hospital is readily accessible, to place my Child in the hands of a local medical doctor for treatment. If it is deemed necessary or desirable by Skidmore, its employees or agents, I authorize them to transport my Child by commercial airline or otherwise, at my expense, for medical treatment.

3. In the event that Skidmore, its employees or agents shall advance or loan any monies to my Child or shall incur expenses on his/her behalf, while participating in the Program, I hereby acknowledge that any such advances, loans or expenses must be immediately repaid upon his/her return to the United States. If said expenses are not paid within thirty days of my Child's return, I understand that Skidmore will charge said expenses to my Child's Skidmore student account.

4. I hereby agree that my Child is to comply with all rules, standards and instructions relating to student behavior which are promulgated by Skidmore or the host college/institution. I agree that Skidmore, its employees and agents shall have the right to enforce appropriate standards of conduct, and that Skidmore may, at any time, terminate my Child’s participation in the Program in the event of any failure to abide by any such standard of conduct. If participation in the Program is so terminated, I understand that my Child must immediately leave the Program at his/her own expense.

5. I hereby acknowledge that my Child will be charged, and will be required to pay, the Program fee(s)as outlined in their acceptance letter for the dates of the Program. Additionally, I acknowledge that no medical insurance will be provided by Skidmore during my Child's enrollment in the Program. It is my Child's responsibility to check with their current insurance provider to ensure that they have coverage. I understand that all costs associated with transportation to/from the group departure point, books, and personal expenses are solely my Child's responsibility.

6. The program confirmation deposit will be paid directly to Skidmore College and will be applied to my Child's SKIDMORE COLLEGE account. If my Child were to withdraw from this program for whatever reason, I understand that he/she will forfeit their program confirmation deposit. In addition, he/she will be financially responsible for all unrecoverable fees associated with their withdrawal.

7. When participating in group tours or other activities arranged by Skidmore or the program provider, I understand that my Child is expected to accept the will of the majority whenever a matter of choice is presented to the group. He/she is also expected to accept in good faith the instructions and suggestions of Skidmore or their agents in all
matters relating to the Program including the personal conduct of Program participants. I understand that, from
time to time, Skidmore publicity materials may include statements by and/or photographs of Program participants
and I hereby consent to such use of my Child’s comments and photographic likeness.

8. I hereby acknowledge the Skidmore and/or the program provider reserves the right in their sole discretion to make
cancellations, substitutions or changes in the Program when they consider such cancellations, substitutions or
changes to be necessary.

9. I understand that Skidmore’s fees are based upon costs currently in force and are subject to change.

10. I hereby acknowledge that OCSE reserves the right to withdraw my Child from their intended program should he/she
fail to meet the predetermined conditions (i.e.; GPA, good social and financial standing) required to study off-
campus, as well as neglecting to complete the mandated OCSE documentation and submit the requisite program
confirmation deposit. I understand that if my Child is administratively withdrawn from their intended program,
he/she will incur a withdrawal fee of minimally $250.

11. All references in the Agreement and Release to Skidmore and its employees or agents shall include the officers,
directors, staff members, campus directors, chaperones, group leaders, employees, agents, and affiliates of
Skidmore, as the case may be.

12. I hereby acknowledge that I have read the terms of conditions set forth in this Agreement and Release and the
Skidmore Off-Campus Study Programs written materials and I understand that this Agreement and the materials
constitute the entire agreement between Skidmore, myself and my Child.

13. This Agreement shall be construed in accordance with the laws of the State of New York. I agree that all claims and
disputes arising out of or relating to this General Agreement and Release Form shall be subject to the jurisdiction of
the New York State Supreme Court only and Saratoga County is designated as the proper venue therefore.

14. Permission and Guaranty:

______________________________ has my permission to become a member of Skidmore’s Off-Campus
Study Program for ________________________________ (give name and semester of program). I
agree to Skidmore College’s off-campus fee structure and I hereby guaranty the prompt payment of all charges and
expenses incurred by my Child. I certify that I am the parent/legal guardian of the applicant and that I have read the
foregoing Agreement and Release Form and the Off-Campus Study Program materials. I hereby join in the
agreements of the applicant and agree to be bound by all of the obligations of the applicant as if I were a party
thereto.

Signed on this _______ day of _____________________________, 20______.

________________________________         ______________________________________
Signature of Parent/Legal Guardian         Name of Parent/Legal Guardian (Please Print)

STATE OF )
) ss.:  
COUNTY OF )

On the ______ day of ____________ in the year 20__ before me, the undersigned, personally appeared
_______________________________, personally known to me or proved to me on the basis of satisfactory evidence to be the
individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in
his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the
individual acted, executed the instrument.

______________________________
Notary Public

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