



SAIIE

"Your Life Experience; Your Education"

Participant Consent, Assumption of Risk & Release Form

I, the undersigned, confirm my intention to participate in a program organized or administered by the **Spanish-American Institute of International Education (SAIIE)** in Seville, Spain.

Program Information

Program:

- ☐ Study Abroad
- ☐ Internship Abroad
- ☐ Gap Year Athletics Abroad

Program Term in Seville, Spain:

- ☐ Winterim _____
- ☐ Spring _____
- ☐ Summer I _____
- ☐ Summer II _____
- ☐ Summer I & II _____
- ☐ Fall _____
- ☐ Academic Year ____ / ____

Health and Medical Information

I confirm that I have provided SAIIE with accurate and complete information regarding my health and medical circumstances that may be relevant to my participation in the program.

I understand that I am responsible for informing SAIIE of any significant changes to my health, medications, medical circumstances, or ability to participate that occur before or during my program.

If I am participating in an athletic program, I confirm that I have completed any required medical evaluation and have been advised by my healthcare provider regarding my ability to participate in the relevant athletic activities.

I understand that participation in athletic, recreational, travel, and other activities may involve risks of injury or illness, and I voluntarily assume those risks.

Program Responsibilities and Changes

I understand that SAIIE will make reasonable efforts to provide the program as described. However, schedules, activities, accommodations, transportation, training arrangements, excursions, facilities, or other program components may need to be changed, postponed, or cancelled because of circumstances beyond



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SAIIE's reasonable control, including weather, transportation disruptions, facility availability, public health concerns, strikes, emergencies, or other unforeseen circumstances.

I understand that SAIIE cannot guarantee the safety of participants or eliminate all risks associated with participation in a program abroad.

I further understand that SAIIE cannot control the actions of individuals or organizations that are not employed by or under the direct control of SAIIE, nor can SAIIE be responsible for events or activities that are not part of the program or that occur as a result of my own actions or decisions.

Participant Conduct

I agree to comply with SAIIE's policies, rules, instructions, and standards of conduct, as well as applicable laws and regulations in Spain.

I understand that SAIIE may require a participant to withdraw from the program when, in SAIIE's reasonable judgment, the participant's conduct, health, safety, or ability to participate appropriately creates a significant concern for the participant or others, or when the participant seriously violates SAIIE policies or applicable laws.

If I am required to withdraw from the program because of my conduct or a serious violation of program policies, I understand that I may not be entitled to a refund and that I may be responsible for any costs associated with leaving the program or returning home.

Personal Property and Expenses

I understand that SAIIE is not responsible for the loss, theft, or damage of my personal property except where such responsibility cannot legally be excluded.

I understand that I am responsible for my personal expenses and for any financial obligations that I incur that are not expressly included in my program fees.

Release and Assumption of Risk

I understand that participation in a program abroad involves inherent risks, which may include illness, injury, accidents, travel-related risks, changes in living conditions, cultural and environmental differences, and risks associated with activities included in or undertaken during my program.

To the extent permitted by applicable law, I voluntarily assume the risks associated with my participation in the SAIIE program and agree to release and hold harmless SAIIE, its officers, directors, employees, agents, and representatives from claims arising from my participation in the program, except to the extent that such claims result from circumstances for which SAIIE is legally responsible.

I understand that this release does not waive any rights or protections that cannot legally be waived.

Participant Acknowledgment

By signing below, I confirm that:

- I have read and understood this form.
- I have had the opportunity to ask questions regarding its contents.
- I understand the risks and responsibilities associated with participating in a program abroad.
- I agree to comply with SAIIE policies and instructions.
- I have provided SAIIE with accurate and complete information relevant to my participation.
- I voluntarily consent to participate in the SAIIE program.



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Participant Full Name: _____

Participant Signature: _____

Date (DD /MM/YYYY): _____ / _____ / _____

PARENT / LEGAL GUARDIAN CONSENT

Required only if the participant is under 18 years of age

I am the parent or legal guardian of the participant named above. I have reviewed this **Participant Consent, Assumption of Risk & Release Form** and understand the nature of the SAIIE program and the responsibilities and risks associated with the participant's participation.

I give my permission for the participant to participate in the SAIIE program identified above. I acknowledge and agree to the terms of this form on behalf of the participant to the extent permitted by applicable law. I confirm that I have provided accurate contact information and will remain available to SAIIE as needed before and during the participant's program.

Parent/Legal Guardian Full Name: _____

Relationship to Participant:

- ☐ Mother
☐ Father
☐ Legal Guardian
☐ Other: _____

Parent/Legal Guardian Signature: _____

Date (DD /MM/YYYY): _____ / _____ / _____

Email: _____

Telephone: _____