

I, _____ hereby accept placement on a BizX international Student Exchange Program. The host institution and period for my exchange placement are as specified in the letter I have received from BizX International Exchange Program at McMaster University. I further agree with the University as follows:

1. I will pay full-time fee charges to McMaster University for the duration of the exchange program. If I do not complete my study period at the host institution, tuition fee refunds, if any, will be determined by, and are at the discretion of, McMaster University's Business Office.
2. I will not be required to pay tuition fee charges at the host institution, as defined by the host institution, for the duration of my participation in the exchange program. I will pay any non-tuition fees or charges levied by the host institution, as defined by such institution. I accept the sole responsibility for payment of all other expenses and debts incurred by me while a participant in the exchange. I accept sole responsibility for payment of all other extremes and debts incurred by me while a participant in the exchange.
3. I accept full responsibility for ensuring that all approvals of course selection and load requirements are obtained from my home department, including approval of course changes. I understand that the awarding of academic credit for work done abroad is at the discretion of McMaster University. Hence, I acknowledge that McMaster University has not represented to me or given any undertaking that students of McMaster University participating in any exchange program will automatically obtain the credits required for a particular program year. I further acknowledge that McMaster University will not be responsible for ensuring the availability of course offerings at exchange host institutions, or of the disruption of studies at such institutions for any reason beyond McMaster University's immediate control.
4. I will have the status of non-degree student at the host institution. I agree to take such courses and classes, and undergo such examinations and tests as required by the host institution and McMaster University. I will be responsible for forwarding to McMaster University the academic records for the work undertaken at the host institution.
5. I will conduct myself in strict accordance with McMaster University's Student Code of Conduct and also in compliance with the policies, rules and regulations prescribed by the host institution to which I am assigned. Likewise, I will be subject to the academic regulations of McMaster University during the period of exchange.
6. My placement may be terminated early if I fail to remain enrolled full-time, fail to maintain minimum academic standards as defined by McMaster University and my host institution, or am found in violation of laws and regulations of my host country or institution. Such termination may carry the same financial obligations as a withdrawal from McMaster University.
7. My placement will be limited to the specified period. An extension request is subject to approval in writing by both McMaster University and my host institution.
8. I will inform McMaster University immediately if I am unable to take part in the exchange program after having signed this Agreement. I will take part in all aspects of the program, including Orientation, Post-Return Debriefing and Evaluation and assist in the promotion of the exchange program as requested by McMaster University and/or my home department.
9. I agree that my academic and personal records will be forwarded to the host institution. I also consent to the disclosure of information to my parents, guardians, emergency contact person, and exchange coordinators at McMaster University and at the host institution for the duration of my participation in the exchange program.
10. I will provide McMaster University with my postal (and e-mail) address as well as telephone number in the host country and will respond to requests for information from McMaster University and potential exchange students.

Signature of Participant: _____

Date: _____



**McMASTER UNIVERSITY STUDENT EXCHANGE PROGRAM
Assumption of Risks, Responsibilities and Liability Waiver**



Xperience. Xplore. Xcel.

WARNING: BY SIGNING THIS LEGAL DOCUMENT, YOU GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY.

In condition of being permitted to conduct _____ at _____
(Institution name). I agree as follows:

Assumption of Risks: I understand that participation in a Study, Work, Intern or Volunteer abroad program will take me away from campus for an extended period of time. During this period, I understand that I will be in an unfamiliar surrounding and will be exposed to risks to my person and possessions. I understand that I may suffer a possibility of violence and crime, civil unrest, homesickness and loneliness. I freely and voluntarily accept and assume all such risks, dangers and hazards. Accordingly, I understand that despite its efforts, the University may not be able to ensure my complete safety at all times from such risks and dangers.

Assumption of Responsibility: I understand that McMaster made it mandatory that I attend a pre-departure orientation session and that McMaster made me aware of possible risks and hazards associated with my sojourn abroad experience, as well as provided me with pertinent information on study, work, intern or volunteer abroad issues. I understand that McMaster has advised me that any information provided is not exhaustive and that I must do my own research on study, work, intern or volunteer abroad issues before leaving. I understand that it is my responsibility to abide by all applicable McMaster University and abroad institution policies and laws of the host country, and to ensure that I have adequate medical, personal health, dental and accidental insurance coverage, as well as protection of my personal possessions. More particularly, I appreciate McMaster University does not carry accident or injury insurance for my benefit and also that there may be certain matters for which I could be held at fault personally, if the accompanying circumstances do not relate to, or arise from, my education, or if my activities fall short of what could be considered a reasonable standard for an individual in my position. In these cases, I agree to be accountable in all respects for my own actions and not to ask the University to be accountable in relation to such actions. I acknowledge that I have been advised by McMaster University of such risks and dangers as well as the need to act in a responsible manner at all times. My signature below is given freely in order to indicate my understanding of the acceptance of these realities and in consideration for being permitted by the University to participate in the above mention Program. I recognize that McMaster University will not supervise any of my study, work, intern or volunteer activities abroad, living arrangements or extracurricular activities during my participation in a program abroad.

Liability Waiver: I release and hold harmless McMaster University, its employees, students and agents from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in this Program, including but not limited to, accidents, acts of God, war, civil unrest, sickness, transportation, scheduling, government restrictions or regulations, and any and all expenses which I may incur while abroad. I also exempt McMaster University of any responsibility for any claims, demands or cause of action on account of any personal injury, accident, damage, expenses, or other loss suffered or incurred, by me during, arising out of, or in any way associated with my study and/or participation in the program abroad (including, but not limited to, travel to and from, and any other travel incidents) and/or from contribution or indemnification in respect to any claim made against me by any person or entity in connection therewith. This waiver is effective for the period of time that I will be participating in the program abroad. I understand that this agreement cannot be modified or interpreted except in writing by McMaster University and that no oral modification or interpretation shall be valid. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of death.

I HAVE READ THIS DOCUMENT CAREFULLY AND I ACKNOWLEDGE MY RESPONSIBILITIES AND THE EFFECT OF THIS LIABILITY WAIVER

(Please Print)

Name of Participant: _____ Student Number: _____ Permanent Telephone: () _____

Permanent Address: _____

(Signature of Participant)

(Witness as to Signature of Participant)

Date: _____

Date: _____