

# STUDENT RESPONSIBILITY AND WAIVER FORM

I have read the attached Crisis Management Policy and understand the facts presented. I hereby release Toccoa Falls College from any and all responsibility, including such things as injury, loss, arrest, kidnapping, death, etc., in regard to my participation in this study abroad or off-campus program with

\_\_\_\_\_ in \_\_\_\_\_  
*Program Location*

\*\*\* \_\_\_\_\_ Notarized: \_\_\_\_\_  
*Student Signature Date (Notary Signature/Seal)*

\_\_\_\_\_ Notarized: \_\_\_\_\_  
*Parental Signature if Student is under age 21 Date (Notary Signature/Seal)*

Program Director: (for non-TFC SA) \_\_\_\_\_

Overseas Address: (for non-TFC SA) \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
*With Country and City Codes With Country and City Codes*

E-Mail: \_\_\_\_\_

## INSURANCE

I am covered with Personal or Group Health Insurance: **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Name of Company \_\_\_\_\_ Effective Date: \_\_\_\_\_

Policy Holder \_\_\_\_\_ Group/ID Number: \_\_\_\_\_

Claims Address or Phone Number: \_\_\_\_\_

A basic international travel insurance program is provided with the ISIC. I have been informed of this coverage and have been given the opportunity to purchase additional travel insurance through other carriers should I choose to do so.

\*\*\* \_\_\_\_\_  
*Student Signature Date*

I have also obtained appropriate international travel and health insurance with: \_\_\_\_\_

\_\_\_\_\_ for the following coverage period: \_\_\_\_\_  
*Month/Day/Year*

To \_\_\_\_\_ which completely covers the time abroad.  
*Month/Day/Year*

Policy # \_\_\_\_\_