

Please complete both pages.

IHRE RELEASE OF CLAIMS AND MEDICAL TREATMENT AUTHORIZATION

Release authorization made _____, 20____

by _____
(printed name of student)

(street address)

(state and zip code)

I plan to participate in the IRHE 2010 PROGRAM conducted under the auspices of Bard College. I understand that all travel entails some element of risk, and I therefore acknowledge the risks inherent in the IRHE 2010 PROGRAM. I hereby release and discharge Bard College, its agents, employees, and officers from all claims, demands, actions, judgments and executions which the undersigned's heirs, executors, administrators, or assigns may have against Bard College, its successors, or assigns for all personal injury or activities related thereto.

Further, I grant Bard College, its agents and employees, permission to authorize any medical treatment that may be required for myself during this year's travel/study program. My medical insurance is offered through

_____ (Name of insurance company)

_____ (Policy number)

_____ (Group number)

_____ (Coverage dates)

I, the undersigned, have read this release/authorization and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

In witness thereof, I have executed this release/authorization on the day and year first written above.

(Signature of student)

**Before the student may participate in this program, this form with full information must be received by Institute for International Liberal Education, Attn.: Program Assistant, Bard College, P.O. BOX 5000. Annandale-on-Hudson, NY 12504
Email: bail@bard.edu
FAX No.: (845) 758-7040**

