

ASSOCIATION OF ITALIAN AMERICAN EDUCATORS

RELEASE AND INDEMNIFICATION FORM

Applicant: _____

Program, location abroad and year: _____

- I. (We, the undersigned, (each of us, for myself (ourselves), my (our) heirs, executors, administrators, successors, and assigns, covenant and agree that I (we) will never sue, or bring, or in any way aid, any legal action, or proceeding against The Association of Italian American Educators (AIAE), its legal representative, or any and all other persons for whose acts or to whom it might be liable, for any and all claims, demands, damage, costs, expenses and compensations, incurred by reason of failure and refusal of the undersigned to conform to the requirements of said AIAE for participants in the study program sponsored by said AIAE.
- II Further, I (we) the undersigned, (each of us) for myself (ourselves), my (our) heirs, executors, administrators, successors, and assigns (jointly and severally) do hereby acknowledge complete responsibility' for doctor, hospital, dental, first aid, and other medical expenses, and for any local transportation and/or excursion or trip I might decide to take, and any and all personal expenses which I may incur while participating in the study abroad program sponsored by AIAE, and further covenant and agree that I (we) will at all times hereafter keep and save harmless and indemnify AIAE, its legal representative, and any and all action or cause of action, claims, demands, liabilities, losses, damages or expenses which said AIAE, its legal representative, and any and all other persons for whose acts or to whom it might be liable, and said AIAE may incur by reason of the failure and refusal of the undersigned to conform to requirements of said AIAE for participants in the study abroad program sponsored by AIAE.
- III. It is understood that this indemnification is not an undertaking on the part of AIAE of the responsibility for the above mentioned expenses nor is the release an admission of liability on the part of said AIAE.
- IV. The undersigned expressly reserves all rights of action, claims, and demands against any and all other persons however not named herein..
- V. In Witness whereof I (we) have set my (our) hand(s) this _____ day of _____

NOTARY ACKNOWLEDGEMENT

County:

Parent or guardian

City:

participant:

Signature:

NOTE: Anyone over the age of 21 signing this form must sign it in the presence of a Notary. Return to AIAE Programma Ponte Director

Permanent home address