

The American College of Greece – Deree College (the “College”)

Release from Responsibility, Assumption of Risk, and Waiver

Off-Campus Unsupervised Activity

Name _____ Deree ID _____

Activity:

Date: _____

Activity Location: _____

1. I understand that my participation in the above designated Activity in as much as personal experience or development is voluntary and it is not required as part of any course or degree program in which I am enrolled; hence, I voluntarily exercise my own free choice to participate in the above designated Activity.
2. **I am over 18 years of age and I understand and freely assume all the risks associated with participation in the Activity.** I understand that my overall behavior over this period should align with the College's values and I agree to observe the rules and practices that may be advised by the latter. Moreover, I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss or destruction of any property (public or personal) occurring in connection with or arising out of participation in the above designated Activity.
3. I understand that there will not be a College chaperone traveling and supervising this activity. I understand and agree to assume all risks occurring in connection with travel to and from the Activity Location or occurring in connection with other activities or events in which I choose to participate while in the Activity Location. I agree to assume all risk of personal injury or loss, bodily injury or illness, death, damage to, theft or loss or destruction of any personal property due to factors including but not limited to civil unrest, riot, crime or criminal act, terrorist activity, extreme weather conditions or natural disaster, flight delays or cancellations, arrest or other act of any government or authority etc. that may occur while I am in the Activity Location or during travel to and from the Activity Location.
4. I further acknowledge that the above list is not inclusive of all possible risks associated with the trip concerning the above designated activity, equipment, or services in association with the latter, and that the above list in no way limits the extent or reach of this Release.
5. I hereby release and discharge, indemnify and hold harmless the College, and its affiliates, trustees, member officers, agents, employees and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, costs and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any loss and/or bodily injury and/or disability, arising from my participation in the Activity.
6. I understand that the College advises me to obtain my own health and accident insurance policy to cover medical expenses associated with my participation in the Activity. The College will not responsible to cover any medical or illness expenses related to this Activity.
7. I have had sufficient time to review and seek explanation of the provisions contained in the above legal and binding agreement, which I further certify that I am legally competent to sign it. I have carefully read its provisions, understand them fully, and agree to be bound by them. I understand I can choose not to sign this document and free myself from its terms and the associated risks of the trip simply by not participating in the above designated Activity. Thus, after careful deliberation, I

voluntarily give my consent and agree to this Release, Assumption of Risk, and Waiver, which shall take effect as a sealed instrument.

I _____ the participant of _____ agree to attend the above unsupervised activity taking place in _____. I have read and understood the above disclaimer.

Signature _____ Date _____

No participant under 18 years of age can participate in this unsupervised activity. unless the parent or guardian in consideration of this request accepts the above terms and grants permission for the student's participation.

I _____ the guardian/parent of _____ allow him/her to participate in the unsupervised in the above unsupervised activity taking place in _____. I have read and understood the above disclaimer.

Signature _____ Date _____

Contact Information

Participant Name

E-mail

Cell-phone

College ID#

Contact in case of emergency

E-mail

Cell-phone

Transportation/Flight Information

Departure Train/Bus/Airline carrier

Departure date

Departure time

Return Train/Bus/Airline carrier

Return date

Return time

Departure Train/Bus/Airline carrier

Departure date

Departure time

Return Train/Bus/Airline carrier

Return time

Return date

Accommodation Information

Name

E-mail

Phone

Address

The American College of Greece, in its capacity as Data Controller, processes any personal data contained in this form, in accordance with the Regulation (EU) 2016/679 of the European Parliament and of the Council ("General Data Protection Regulation") and the Greek Law 4624/2019, as in effect from time to time (together "the Personal Data Legislation") and pursuant to its policy concerning the processing of personal data which is available at <https://www.acg.edu/personal-data-protection-policy/>.

If you have any queries in relation to the processing of your personal data or wish to exercise your legal rights in relations thereto, you can contact the Data Protection Officer of the American College of Greece by using the following contact details:

E-mail: dpo@acg.edu