

# LINGNAN UNIVERSITY

Office of Mainland and International Programmes  
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## Student Exchange Programme Acknowledgement of Responsibility and Liability Waiver (for Lingnan University Students)

**Warning: By signing this legal document you give up certain legal rights, including the right to sue. Please read carefully.**

In consideration of being permitted to conduct study at \_\_\_\_\_ (Host Institution name) by the International Exchange Programme (the "Programme") of Lingnan University, I, \_\_\_\_\_ (Name) \_\_\_\_\_ (Student No.) agree as follows:

**Assumption of Risks:** I understand that participation in the Programme 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 physical injury, sickness or death, or damage to my property as a result of my participation in the Programme; and that there is 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, Lingnan University may not be able to ensure my complete safety at all times from such risks and dangers.

**Assumption of Responsibility:** I understand that it is my responsibility to abide by all applicable Lingnan University and host institution policies and laws of the host country, and to ensure that I have adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions. More particularly, I appreciate Lingnan 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 or conduct fall short of what would 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 Lingnan University or its employees to accept the consequences thereof; further, I agree to be responsible for any claims made against Lingnan University in relation to such actions. I acknowledge that I have been advised by Lingnan 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 Lingnan University to participate in the Programme. I recognize that Lingnan University will not supervise any of the host institution academic programme, living arrangements, or extracurricular activities during my participation in the Programme.

**Liability Waiver:** I release and hold harmless Lingnan 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 the Programme, 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 participating in the Programme. This waiver is effective for the period of time that I will be participating in the Programme. I understand that this agreement cannot be modified or interpreted except in writing by Lingnan 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.**

Student Participant's Signature

Date

Witness as to Signature of the Student Participant

Name (Please print):

Contact Telephone:

Date

Parent's or Legal Guardian's Signature

Name (Please print):

Contact Telephone:

Permanent Address:

Date