

**Arizona Library Association (AzLA)  
Horner Fellowship Exchange Program**

---

**Voluntary Assumption of Risk and Release of Liability for International Travel**

---

Arizona Library Association (Henceforth referred to as "AzLA") is a non-profit organization. References to AzLA includes: its officers, officials, members, agents, and assigns.

I \_\_\_\_\_ freely choose to participate in the Horner Fellowship Exchange Program. (Henceforth referred to as the "Exchange Program").

In consideration of my voluntary participation in the Horner Fellowship Exchange Program, I agree as follows:

**Risks of travel abroad**

I understand that my participation in the Horner Fellowship Exchange Program specified above involves risks. These risks include traveling to and within and returning from one or more foreign countries; foreign, political, legal, social, transportation, health and economic conditions; different standards of design, safety, and maintenance of buildings, public places, and conveyances; local medical facilities and providers; and local weather conditions.

**Institutional Arrangements:**

I understand that AzLA is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel or other goods or services associated with the Exchange Program. I understand that AzLA is providing these services only as a convenience to participants and that accordingly, AzLA accepts no responsibility, in whole or in part, for delays, loss, damage or injury to persons or property whatsoever, caused to me or others prior to departure, while traveling, staying in designated lodging, or returning to home country. I further understand that AzLA is not responsible for matters that are beyond its control. I acknowledge that AzLA reserves the right to cancel the trip without penalty or to make any modification to the itinerary and/or the program as deemed necessary by AzLA. **In the event of cancellation of an exchange by AzLA, JLA, or by a Fellow, that portion of the Horner Fellow's Stipend that has not been spent and that portion of the stipend that is recoverable must be returned to AzLA.**

**Independent Activity:**

I understand that AzLA is not responsible for any loss or damage I may suffer when I am traveling independently or I am otherwise separated or absent from any AzLA activity. In addition, I understand that any travel that I do independently on my own before or after the AzLA sponsored Horner Fellowship Exchange Program is entirely at my own expense and risk.

**Health and Safety:**

**Travel insurance is required.**

I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in the Exchange Program. I have obtained the required immunizations, if any.

I understand that I may be required to pay up front for my medical expenses that I incur while traveling and in the host country. Further, I understand that I am responsible to submit any medical receipts to my insurance carrier upon my return. I recognize that AzLA is not obligated to attend to any of my medical needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in the Exchange Program, I authorize in advance representatives of AzLA and Japan Library Association (Henceforth referred to as "JLA") to secure whatever treatment is necessary. AzLA and JLA may (but are not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between AzLA, JLA and me. I release the officers, officials, employees, members, volunteers, agents, assigns, and sponsors of AzLA and of JLA

from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive in the host country, including but not limited to medical malpractice or treatment that is not in accordance with U.S. standards as well as any medical treatment, decision or recommendation made by an agent of AzLA or JLA. I agree to pay all expenses relating thereto and release AzLA and JLA from any liability for any actions.

**Standards of Conduct:**

I understand that each foreign country has its own laws, and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior which violates those laws or standards could harm AzLA's relations with those countries and institutions therein, as well as my own health and safety. I will become informed of and will abide by all such laws and standards for each country to or through which I will travel during the Exchange Program.

**Assumption of Risk and Release of Liability:**

Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Exchange Program, I agree to release, indemnify, and defend officials, officers, employees, members, agents, volunteers, and sponsors, agents of AzLA and of JLA, and assigns from and against any claim which I, or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in the Exchange Program.

**Signature:**

I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this release form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the state of Arizona which shall be the forum for any lawsuits filed under or incident to the Release Form or to the Exchange Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Caution: This is a release of legal rights. Read and understand it before signing.

\_\_\_\_\_  
Name of Exchange Program Participant (please print)

\_\_\_\_\_  
Signature of Exchange Program Participant

\_\_\_\_\_  
Date