



Pellegrinaggio Agostiniano in Italia

VILLANOVA UNIVERSITY

Participation Requirements and Liability Waiver

Villanova University and the Office for Mission Effectiveness require that all participants in the Augustinian Pilgrimage to Italy understand and agree to the following participation requirements and waiver of liability. The completion and return of this form is **required for participation**.

I. MEDICAL INSURANCE / HEALTH CARE COSTS AND EXPENSES

U.S. insurance coverage is **not always** recognized overseas. In these instances, participants will pay for medical service and fill out a claim form to be returned to the insurance company for reimbursement. Participants must know the limits of their coverage may want to carry at least one claim form to be signed by the appropriate medical persons abroad to facilitate reimbursement. Participants may wish to purchase emergency evacuation and repatriation insurance before beginning the pilgrimage.

It is the participant's responsibility to acquire health and/or hospitalization insurance, which is applicable in countries other than the United States.

II. PERSONAL LIABILITY INSURANCE

Participants desiring personal liability coverage may do so on a local basis or avail themselves of coverage that may be available through personal home owners insurance.

SAFETY, BEHAVIORAL RESPONSIBILITIES, PHYSICAL AND MENTAL HEALTH

Participants should educate themselves about the risks of foreign travel and participation in foreign travel. Villanova University does not guarantee quality of the participant's experience.

Participants are expected to recognize and acknowledge the risks of any experience outside their own culture and to adjust dress, behavior and activities to maximize their own as well as the group's safety.

Behavioral Responsibilities

As a guest in another country, there are certain behaviors, which are considered unacceptable and could lead to possible disruption of the pilgrimage. All shall conduct themselves in an appropriate manner, which neither infringes upon the customs and mores of the host country, nor upon the rights and safety of other participants. Behavioral responsibilities shall be applicable during the course of the pilgrimage both when in the company of other participants and when participants are physically separated from other pilgrimage participants.

Physical and Mental Health

Villanova University does not employ or retain medical professionals abroad. If a participant has physical, emotional or other personal problems that may require medical or mental health treatment, the participant should consult with their current health provider prior to engaging in the pilgrimage to discuss the potential stress of participation. Such experiences, while on the pilgrimage, are the responsibility of the participant.



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ACKNOWLEDGEMENT AND RELEASE

The Undersigned, _____ (*print first and last name*), for and in consideration of and as a condition of the University permitting said person to participate in Augustinian Pilgrimage to Italy, has read and understand the PARTICIPATION REQUIREMENTS and do hereby release and discharge Villanova University, its employees, agents, and /or officers, from any and all claims, demands or damages which may arise from loss or injury of any nature to the person or property of the undersigned as a result of any act of proven negligence on the part of the University, its employees, agents and/or officers, while the participant is in route to, located in Italy or another country, or returning from Italy or other countries, while participating in the sponsored pilgrimage.

The Undersigned further agrees to indemnify and hold harmless the University, its employees, agents, and /or officers from any and all loss, damage, or expense incurred as a result of participation in said pilgrimage.

The Undersigned understands and agrees that Villanova University does not represent or serve as agent for and cannot control the acts or omissions of the host institution, transportation carriers, hotels and other suppliers of goods and/or services connected with the pilgrimage.

The Undersigned agrees that Villanova University is not responsible for any personal injury to or loss of life of Participant or loss or damage to property that may be caused or contributed to by the act or omission of the host institution or any of the suppliers of goods and/or services in connection with the pilgrimage.

The Undersigned agrees that Villanova University may, in its sole discretion, make any change in the itinerary or any part of the pilgrimage it deems necessary. The Undersigned understands and acknowledges that Villanova University is not responsible for any disruption in travel arrangements, or any consequent additional expenses that may be incurred there from.

The Undersigned agrees that Villanova University is not responsible for any injury a participant may suffer while traveling independently before or after the pilgrimage or during free time.

Signed: _____ Date: _____

If the participant is **under 18 years of age**, the following must be completed by the parent or legal guardian:

I, the Undersigned, _____ (*print first and last name*), certify that I am the parent or legal guardian of the participant, that I have read and understand the above RELEASE, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of my son/daughter.

Signed: _____ Date: _____