



Faculty Development in International Business (FDIB) - MERCOSUR 2009

RELEASE AND ASSUMPTION OF RISK

I, the undersigned, being of legal age, do hereby agree and promise the following for and in consideration of my participation in a trip to Argentina, Brazil and Chile (South America) to attend the Professional Development in International Business Program from May 9 - 20, 2009, and all activities related thereto.

I have volunteered to travel to South America, for the purpose of participating in this program. I understand that it will be necessary to travel by public and/or private transportation; to stay in public and/or private lodging; and to dine at public and/or private facilities. I agree and acknowledge that participation in this trip and its related activities is of my own free will. While I realize that I may participate in certain activities, which may promote and enhance the image and reputation of the State of Florida University System, FIU, and the FIU Center for International Business Education and Research - CIBER, the CIBER's MERCOSUR Consortium and the U.S. Department of Education. I acknowledge that I am acting neither as an employee nor agent of the State of Florida, the Board of Regents, FIU or any of their respective officers, employees or agents.

I agree and acknowledge that I am paying a fee that will cover some meals, accommodation, airfare, ground transportation and activities specify in the program. I agree and acknowledge that I will have time for, and may engage in personal activities unrelated to the purpose of the trip while I am in South America. Such activities will be at my sole responsibility and risk.

I further acknowledge that in the course of the performance of any of the activities, which I have voluntarily assumed to perform during the trip, I expose myself to risks, known and unknown, of property damage or loss, as well as personal injury that could be painful, permanently disfiguring or debilitating and fatal. I fully assume these risks, which include, but are not limited to the risks associated with air and ground travel.

I, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS AGREE TO RELEASE, WAIVE, DISCHARGE AND RELINQUISH AND TO HOLD HARMLESS THE STATE OF FLORIDA, THE BOARD OF REGENTS, FLORIDA INTERNATIONAL UNIVERSITY, FIU CENTER FOR INTERNATIONAL BUSINESS EDUCATION AND RESEARCH-CIBER, SOUTHERN CIBERS CONSORTIUM, THE DEPARTMENT OF EDUCATION, AND THEIR RESPECTIVE OFFICERS, EMPLOYEES, AND AGENTS, FROM AND AGAINST ALL CLAIMS AND CAUSES OF ACTION WHICH MAY ARISE FROM MY PARTICIPATION IN THE TRIP AND ITS RELATED ACTIVITIES OR FROM PERSONAL UNRELATED ACTIVITIES WHETHER THE SAME SHOULD ARISE BY REASON OF NEGLIGENCE OF ANYONE ORGANIZING OR PARTICIPATING IN THE TRIP OR OTHERWISE, AND AGREE THAT UNDER NO CIRCUMSTANCES WILL I OR ANYONE CLAIMING THROUGH ME, PROSECUTE OR PRESENT ANY CLAIMS FOR PERSONAL OR BODILY INJURY PROPERTY DAMAGE OR LOSS, OR WRONGFUL DEATH AGAINST THE STATE OF FLORIDA, THE BOARD OF REGENTS, FLORIDA INTERNATIONAL UNIVERSITY, THE FIU-CENTER FOR INTERNATIONAL BUSINESS EDUCATION AND RESEARCH - CIBER, THE SOUTHERN CIBERS CONSORTIUM AND THE U.S. DEPARTMENT OF EDUCATION OR THEIR RESPECTIVE OFFICERS, EMPLOYEES, OR AGENTS.

I, for myself and any others claiming through me, accept full responsibility for safety and expenses and assume the complete risk of any injury to myself or my property which may arise out of or in the course of my participation in this trip.

PARTICIPANT

Signature

Date

Print Name

WITNESS

Signature

Date

Print Name

Address

City, State and Zip Code