Waiver for Weekend Travel

I, _____, will be traveling independently of the study abroad program this weekend. I realize that this travel is not a part of the study abroad program and that, I am electing to travel independently of the group, the program staff, including the Program Director and teaching faculty cannot be responsible for me during this time. I release Louisiana State University and its staff from any responsibility for personal loss or damage, personal injury or death during or related to such independent travel.   I understand that I shall bear all costs associated with same. I agree to disclose the dates and locations of my independent travel to the Program Directors as follows:

       Date/Time of Departure: Date/Time of Return:

       Locations (cities and/or countries) of Travel:

       Name of Hotel/Accommodations:

       Phone Number where I can be reached:

_____   _____
Signature   Date