

Liability Release and Assumption of Risk for Long Distance/International Travel

LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE

This Release is executed by _____ whose address is _____, in release of the

Zhejiang University Alumni Association of Greater Washington DC (ZUAADC) and Capital Youth Outreach Club (CYOC).

1.0 Assumption of Risk and Release from Liability\Expression of Desire to Participate

I desire to participate in the **2026 Student Cultural Exchange-Zhejiang Tour** (“Activity”), to be held during the period from to **July 10th, 2026, to July 16th, 2026, Beijing Time** and I fully understand and appreciate the dangers, hazards, and risks inherent in long distance/international travel and/or other endeavors related to the Activity. Knowing the dangers, hazards, and risks of such activities, and in consideration of desiring to participate in the Activity, on behalf of myself, my family, heirs, and personal representative(s), I, **the undersigned, agree to assume all the risks and responsibilities surrounding my participation in the Activity and the transportation; and in advance I hereby release, waive, forever discharge, and covenant not to sue the Zhejiang University Alumni Association of Greater Washington DC (ZUAADC) and Capital Youth Outreach Club (“CYOC” thereafter), or their officers, board members, agents, staff and employees** (all of whom are herein collectively called **CYOC**), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, while participating in the Activity. It is my express intent that this assumption of risk, release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue **ZUAADC** or **CYOC**.

2.0 Non-availability of Medical Assistance

I understand and agree that **ZUAADC and CYOC** assumes no responsibility for providing any medical assistance or for any injury or damage which might arise out of or in connection with any medical emergency.

3.0 **Disclaimer of ZUAADC and CYOC Responsibility**

3.1 I understand that **ZUAADC and CYOC** in no way represents, or acts as agent for any third party, any transportation carriers, hotels, and other suppliers of services connected with this Activity. I further understand and agree that **ZUAADC and CYOC** is:

3.1.1 **Not responsible** or liable for any injury, damage, loss, accident, delay or other irregularity which may be caused by the defect of any vehicle or other means of transportation or the negligence or default of any company or person engaged in providing or performing any of the services involved in this Activity;

3.1.2 **Not responsible** for losses or expenses due to sickness, weather, labor strikes, terrorist acts, hostilities, wars, natural disasters, or other such causes;

4.0 **Consent and Capacity to Execute Agreement**

In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing waiver of liability and hold harmless agreement by reading it before I sign it, and no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement.

IN WITNESS WHERE OF, I have executed this release this _____ (day) of _____ (month), _____ (year).

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING. PARTICIPATION IN THIS ACTIVITY IS CONTINGENT UPON AGREEMENT WITH AND SIGNATURE OF THIS RELEASE.

ACTIVITY PARTICIPANT:

Signature:	
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Printed Name:	
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Legal Guardian (If student is under age 18):

Signature	
Printed Name:	

EMERGENCY and MEDICAL INFORMATION

2026 Student Cultural Exchange-Zhejiang Tour

Activity Participant:	
Legal Guardian (If participant is under age 18):	

The **ZUAADC and CYOC** and the students above (or, if student is under age eighteen, his/her legal guardian) agree to the following terms and conditions governing the student’s participation in the travel program above.

A. I state that I am in good physical and psychological health and am free from any physical or mental ailment or disability requiring medical, surgical or other care or treatment which might endanger my health or safety or those with whom I may come in contact.

B. If I require medication, I certify that I have the necessary quantity of all medication needed for the duration of the trip and I assume all responsibility for taking said medication as prescribed by my physician.

C. I understand that I am required to be covered by an overall medical insurance plan such as Blue Cross/Blue Shield or its equivalent. My overall medical insurance coverage is:

Name of Insurance Plan:	
Insurance Card Number:	
Expiration Date:	

D. In case of an emergency during the travel program, contact the following adult(s):

Name:	
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Relationship to traveler:	
Address:	
Phone Number:	

E. If a medical emergency arises and the student is unconscious or otherwise unable to communicate and the travel sponsor is unable after reasonable efforts to contact the adult named above in D, the student, parent or guardian authorizes the travel sponsor to take any action deemed necessary regarding medical treatment.

I have read all of the information above and agree to the terms and statements as outlined.

IN WITNESS WHEREOF, the parties have entered into this Agreement on the dates indicated below:

Activity Participant Name:		Date:	
Witness:		Date:	
Legal Guardian (If participant is under age 18):		Date:	
Program Director		Date:	

2026 Student Cultural Exchange-Zhejiang Tour

Activity Participant:	
Legal Guardian (If participant is under age 18):	

ZUAADC and CYOC and the student above (or, if participant is under age eighteen, his/her legal guardian) agree to the following terms and conditions governing the student's participation in the travel program above.

I. Fees:

A. Registration Fee: **\$200** per person, non-refundable upon successful registration.

B. Deposit: **\$300** per person, fully refundable to the original payment method only upon completion of the entire program. Incomplete participation will result in forfeiture of the deposit. All eligible refunds will be processed by August 24, 2026.

C. U.S-China round-trip airfare, transportation, visa fees, etc.: To be covered by the participant.

D. In-China expenses during the program (accommodation, transportation, meals, activities): Free of charge.

II. Cancellation:

A. In the unlikely event that the travel agency is unable to provide the services, every attempt will be made to make appropriate alternative arrangements.

B. Participants are strongly encouraged to purchase trip cancellation insurance which covers travel expenses incurred prior to and during the trip. If a participant decides to terminate the trip during the travel program, the participant is responsible for any additional costs incurred to return home, and the deposit will not be refunded.

III. Conduct:

A. The participant agrees to abide by all applicable laws and ordinances of the country or countries visited during the travel program.

B. The participant agrees to comply with all rules, regulations and standards of conduct established by the travel coordinator. In the event of violation, the travel coordinator reserves the right to limit or terminate the student's participation in the program. In the event of such limitation or termination, return to the participant's home shall be at the participant's own expense.

C. **ZUAA and CYOC**, through the travel sponsor, has the right to suspend, expel or otherwise discipline a participant at any time if the participant does not abide by the rules and regulations of the travel program or the laws of the country being visited.

IV. Emergency and Medical Information.

A. The participant agrees to provide an Emergency and Medical Information form stating that the participant is in good health and is free from any physical or mental ailment or disability requiring medical, surgical, or other care or treatment which might endanger the health or safety of the participant or those with whom the participant may come in contact. Participants requiring medication must indicate so on the Emergency and Medical Information form.

V. Indemnification.

A. The participant and, if the participant is under the age of eighteen, the legal guardian, in consideration of the participant's being permitted to participate in the travel program, agrees to release and forever discharge **ZUAA and CYOC**, its officers, board members, agents, staff and employees from any claim, demand, action or right of action of whatever kind of nature, arising from or by reason of any bodily injury or property damage which may occur as a result of the participant's participation in the travel program.

B. The participant or where appropriate, the legal guardian, acknowledges that he/she understands the risks involved in participating in the travel program and that he/she has read and understands all trip related promotional material and pre-trip information, and represents that he/she is physically and psychologically fit for this experience.

I have read all the information above and agree to the terms and statements as outlined.

IN WITNESS WHEREOF, the parties have entered into this Agreement on the dates indicated below.

Participant:		Date:	
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Witness:		Date:	
Legal Guardian (If participant is under age 18):		Date:	
Program Director		Date:	