

# ACA Umrah Waiver Form



**IN THE NAME OF GOD, MOST GRACIOUS, MOST MERCIFUL  
ARIZONA CULTURAL ACADEMY – UMRA TRIP TO SAUDI ARABIA  
INTERNATIONAL FIELD TRIP: ASSUMPTION OF RISK AND  
GENERAL RELEASE FORM**

***THIS IS A RELEASE OF LEGAL RIGHTS – READ AND UNDERSTAND  
BEFORE SIGNING***

Name of Participant: \_\_\_\_\_

Destination(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

I am a student, alumni, teacher, parent, and/or affiliate of someone at Arizona Cultural Academy (hereafter ACA) and have chosen voluntarily to participate in the international field trip described above (the "Trip"). ("Trip" is understood to include all activities at destinations, and all travel to and from such destinations.) I was not required to participate in this Trip as a condition of receiving my degree (If Arizona Cultural Academy student). This agreement confirms my understanding of the following:

1. Risks of International Travel; U.S. State Department Warning. I understand that participation in the Trip and international travel involves risks not found in study at Arizona Cultural Academy. These include without limitation risks involved in traveling to, from, and within international locations; foreign political, legal, medical, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; and local weather conditions. The country to which I will travel may have health and safety standards

that differ from those enjoyed in the United States, and I recognize that I may be subjected to potential risks, illnesses, injuries and even death. I have made my own investigation of these risks, understand these risks and assume them knowingly and willingly.

I also acknowledge that in traveling in cities abroad, I may experience problems associated with crime, pollution, high population density or standards of living and health standards that are different from those to which I am accustomed in the United States. I acknowledge that it is my responsibility to take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that ACA recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well-being.

I understand that, although Arizona Cultural Academy teachers and volunteers have organized the Trip, it cannot eliminate all risks or guarantee my safety while I am abroad. I have read and understood all information on the U.S. State Department website (<http://travel.state.gov>) about Saudi Arabia, without limitation, the U.S. Department of State Consular Information Sheet and the State Department Warning (if applicable). I also have reviewed the U.S. Centers for Disease Control health advisory information relating to travel abroad found at <http://www.cdc.gov/travel> and any additional information available from the World Health Organization website (<http://www.who.int/>). With knowledge of this information, I have made the independent judgment to participate in the Trip.

2. Health Insurance; Medical Care; Health and Safety Concerns. I understand that I am responsible for obtaining any recommended immunizations before traveling to my destination. I carry valid and current medical insurance and have a valid insurance identity card to bring. I have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while participating in the Trip. I will be solely responsible for payment in full of all costs of medical care I may receive overseas.

I authorize trip leaders to obtain appropriate health care for me in the event that I need it but am unable to obtain it for myself. I further agree to hold harmless and indemnify Arizona Cultural Academy and its volunteers for any and all actions taken to provide necessary emergency medical care to me during the Trip. I also understand and agree that if I experience serious health problems, suffer an injury, or otherwise in a situation that raises significant health and safety concerns, then Arizona Cultural Academy may contact my parents or any other person whose name I have provided as my “emergency contact.”

3. Standards of Conduct. I recognize that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations of Saudi Arabia; with Arizona Cultural Academy's policies for student conduct (including without limitation those set forth in the *Student Handbook*); and with any instructions given by the Trip leaders. I promise to act responsibly and will become informed of, and will abide by, all such laws, regulations, policies and standards. I will comply with Arizona Cultural Academy's policies, standards and instructions for student behavior. I agree that ACA has the right to enforce all standards of conduct described above.

4. Travel Arrangements. I understand that ACA does not represent or act as an agent for, and cannot control the acts or omissions of, any transportation carrier, hotel, tour organizer or other provider of food, goods or services involved in the Trip. I understand that ACA is not responsible for matters that are beyond its control, and that it cannot warrant the safety or convenience of the circumstances in which I will be traveling.

5. GENERAL RELEASE. Knowing the risks described above, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Trip. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify ACA, and its officers, governing board members, faculty, staff, representatives, employees and agents, from and against any present or future claims, losses, liabilities, costs and expenses for injury to person or property, or for any other damage, which I may suffer, or for which I may be liable to another person, related to my participation in the Trip (including periods in transit to or from my destination), resulting from any cause, including but not limited to negligence on my part or on the part of any of the released parties.

I certify that I am 18 or older. I have carefully read and freely signed this Assumption of Risk and General Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of Arizona (excluding its conflict of laws principles), which shall be the forum for any lawsuits filed under or incident to this agreement or the Trip.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name / Participant (print) \_\_\_\_\_

**If student is under age 18, the parent and/or legal guardian must sign below:**

I \_\_\_\_\_, the undersigned parent and/or legal guardian of \_\_\_\_\_, do hereby consent to his or her participation in the Trip and international travel as part of the Trip. I, as the parent of the Student and on behalf of the Student, release, hold harmless and agree to indemnify Arizona Cultural Academy, and its officers, governing board members, faculty, staff, representatives, employees and agents, from and against any present or future claims, losses, liabilities, costs and expenses for injury to person or property, or for any other damage, which I or the Student may suffer, or for which the Student may be liable to any other person, related to the Student's participation in the Trip (including periods in transit to or from the Student's destination), resulting from any cause, including but not limited to negligence on the part of the Student or any of the released parties.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

(print name): \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

*United States:*

First Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone

(home) \_\_\_\_\_ Telephone (cell) \_\_\_\_\_ E-Mail

Address(es): \_\_\_\_\_

Second Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone

(home) \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address(es): \_\_\_\_\_