



AT



International Travel Waiver

I (We) _____, do hereby recognize that traveling itself and specifically traveling to international destinations carries with it risk and danger, even possibly serious injury or death. Recognizing that these dangers exist, I am (We are), or my (our) child is, willing to assume that risk and proceed to travel internationally with OneLife with informed consent. I (We) hereby release OneLife Institute from any and all responsibility and liability for injuries or death, and, further, I (We), will hold harmless and indemnify OneLife Institute for any and all loss and/or damage sustained by OneLife Institute as a result thereof. I (We) understand that if we decide not to allow our child/student/dependent to travel on an international trip, that I (We) will still be responsible to pay or reimburse for any incurred costs owed/due from the trip.

Signature of OneLife Traveler

Date

Signature of Parent/Guardian

Date

Please mail, fax, or scan and email your documentation to one of the following:

Mail: OneLife at SWU
Attn: David Slabaugh
PO Box 1020
Central, SC 29630

Email: admissions@swu.edu
Fax: 864-644-5914