



### Advisor Alternative Break Experiences

I \_\_\_\_\_ (name), agree to serve as the Advisor for the ABE trip to \_\_\_\_\_ (location). I confirm that I discussed this commitment with my supervisor, \_\_\_\_\_ (supervisor's name), and I received his/her approval to be absent from the office from \_\_\_\_\_ to \_\_\_\_\_ (trip dates).

By your signature below you acknowledge that as a condition to your being approved to serve as an Advisor you understand and agree to follow the provisions set forth below as well as those reasonably requested of you during your participation.

I agree to act as an advisor on this trip including the following:

- I understand that I am attending as a representative of The College of Saint Benedict/Saint John's University ("CSB/SJU") and will consistently conduct myself in a manner that best represents the institutions.
- I agree to represent CSB/SJU well by adhering to and upholding all CSB/SJU policies, especially the prohibition on any alcohol or drug use by any participants.
- I agree to encourage and support the student Co-Leaders of this trip to be the leaders of this trip.
- I agree to step in and take charge in emergency situations and/or when students exhibit poor judgment in a way that could cause harm or injury to self or others.
- I agree to commit to the team and trip preparation.
- I agree to commit to learning and promoting the 5 Pillars of ABE both on the trip and upon my return back home.

- I agree to attend pre-trip meetings, a potential pre-trip service projects, and potential post-trip meetings including the ABE Slideshow.
- I agree to learn as much as possible about the issues and the culture I will be experiencing on the trip.
- I agree to engage freely and enthusiastically in all direct service experiences.
- I agree to be willing to engage in group activities, such as daily reflection, and work toward conflict resolution and tolerance of all participants.
- I agree to complete and return all required forms by their appropriate due dates.

**Release and Indemnity:** You understand that your participation as an Advisor is at your own risk. You acknowledge that some events or activities associated with serving as an Advisor are potentially dangerous and that you are voluntarily assuming all inherent risks, including the risk of accident, injury or death, both known and unknown, howsoever arising out of such events and activities. Accordingly, in consideration of being permitted to participate as an Advisor for CSB/SJU sponsored ABE events or activities, you, on behalf of yourself and your heirs, assigns, beneficiaries, administrators, executors and representatives, hereby agree to release, discharge and hold harmless, CSB/SJU and its members, directors, officers, employees and agents (the “Indemnified Parties”) from and against all claims, costs, injuries, damages, losses, liabilities, and causes of action suffered by you (“Claims”), including Claims for personal injury, death or damage to personal property, arising from or occurring in connection with your participation in a CSB/SJU ABE event or activity, including injury, death or damage caused in whole or in part by the negligence or wrongdoing of any member of CSB/SJU. You agree that neither you nor any of your heirs, assigns, beneficiaries, administrators, executors or representatives will ever assert in any forum any such Claim, and you shall indemnify and hold harmless all members of CSB/SJU from and against any such Claim (including reasonable attorney’s fees and costs incurred in defending such Claim).

I have read, understand and agree to the terms of this Agreement, including the release and indemnity and am executing this Agreement voluntarily without coercion and without reliance on any representation, express or implied, by any member of CSB/SJU. I understand that this Agreement waives important legal rights. I have had an adequate opportunity to consider this Agreement and to obtain such legal or other advice in regard to the Agreement and my rights and responsibilities under the Agreement as I considered advisable.

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ABE Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_