



Assumption of the Risk, Release & Waiver of Liability

As consideration for the opportunity to participate in the STUDY ABROAD RESEARCH program and related activities sponsored by your academic department, I acknowledge that I have read the following and voluntarily agree to its terms and conditions:

- I am at least 18 years of age. Yes or No (If no, see below**)
- I understand that participation in the STUDY ABROAD RESEARCH program and related activities sponsored by your academic department is strictly voluntary.
- I have the physical ability to participate in these activities as well as traveling to and from these activities.
- I understand that these activities as well as traveling to and from these activities present risk of injury. I understand that the risks involved and I knowingly and voluntarily choose to take these risks in order to participate in these activities as well as traveling to and from these activities.
- In case of emergency, accident, illness, or other incapacity occurring during these activities as well as traveling to and from these activities, I give my permission to be treated by a medical professional and admitted to a hospital if necessary. I agree that I am responsible for all medical and emergency expenses incurred on my behalf regardless of whether I have authorized such expenses.
- I understand that medical insurance is my responsibility. I acknowledge that Cleveland State University strongly recommends that I purchase health insurance to cover accidents that may occur during my participation in these activities as well as traveling to and from these activities. I understand that the State of Ohio, Cleveland State University, the board of Trustees, the Department of Student Life, the Center for International Services & Programs, and your academic department do not provide insurance for any injuries which may occur during these activities or during the travel to and from these activities.
- I forever release the State of Ohio, Cleveland State University, the board of Trustees, the Department of Student Life, the Center for International Services & Programs, and your academic department, together with their agents, officers and employees, from any and all claims, suits, or actions of any nature resulting from or arising out of my participation in the STUDY ABROAD RESEARCH program and related activities sponsored by your academic department. I understand that this Waiver of Liability binds my heirs, executors, administrators, and assigns as well as me.

**** IF PARTICIPANT IS LESS THAN 18 YEARS OF AGE, THE PARENT OR
LEGAL GUARDIAN OF THE PARTICIPANT MUST ALSO SIGN BELOW. ****

Participant's Name (Please Print)

Participant's Main Phone Number

Participant's Street Address

City

State

Zip

I have read and fully understand the entire *ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY* and my signature below confirms my full understanding and voluntary acceptance of such *ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY*.

Participant's Signature

Date (MM/DD/YYYY)

Parent/Guardian's Name (Please Print)

Parent/Guardian's Main Phone Number

Parent/Guardian's Street Address

City

State

Zip

**I am the legal guardian of the Participant named above; I have read and understand the foregoing *ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY* (including such parts as may subject me to personal financial responsibility); I am and will be legally responsible for the obligations and acts of the Participant as described above: and I agree, for myself and for the participant, to be bound by these terms.

Parent/Guardian's Signature

Date (MM/DD/YYYY)

Submit form to Center for International Services and Programs, MC 106