



2121 Euclid Ave. RT 917
Cleveland, OH 44115
Phone: (216) 687-3910
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www.csuohio.edu/csuea

INDEPENDENT PROGRAM / AFFILIATE STUDY ABROAD PROGRAM

ASSUMPTION OF RISK AND RELEASE OF CLAIMS FORM

THIS IS A RELEASE OF LEGAL RIGHTS -- READ AND UNDERSTAND BEFORE SIGNING.

Name of Participant: _____

Student ID # _____ Date of Birth: _____

Program: _____

I, _____, have requested that I to be allowed to participate in the above-referenced study abroad program (the "Program"). I identified and sought approval to participate in the Program and my participation is entirely voluntary. In consideration for being allowed to participate in the Program, and for other consideration, the sufficiency of which is acknowledged, I hereby agree as follows:

1. **Risks of the Program** I understand that participation in the Program involves risks not found in study at the University. These include, but are not limited to, risks involved in traveling to, within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions and potential unrest; different standards of design, safety and maintenance of buildings, public places, roads and conveyances; and local medical and weather conditions. I understand that such risks could lead to property loss, injury, or even death. I have reviewed the information at the U.S. Department of State website, www.travel.state.gov, which is specific to the country or countries to which I will be traveling and have made my own additional investigation. I understand the risks and dangers present in participating in the Program and I accept these risks.

2. **Institutional Arrangements** I acknowledge that I identified the Program and sought permission to have credit from the Program transferred to CSU. I understand that the University has not independently researched the Program and has no responsibility for it. I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program.

3. **Health and Safety**

A. I have consulted with a medical doctor with regard to my personal medical condition and needs. There are no health related reasons that would prevent me from participating in the Program.

B. I am aware of all my personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs of payment for medical costs while I participate in the Program. I recognize that no personnel from the University will be present during the Program to assist me. If I require medical treatment or hospital care in a foreign country or in the United States during the Program, including during travel to and from the Program, the University is not responsible for the cost or quality of such treatment or care.

4. **Standards of Conduct.**

A. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, alcohol and drug use and other behavior. I recognize that conduct which violates those laws or standards could create a danger to me and harm the University's relations with that country and the institutions therein. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Program, including during travel to and from the Program.



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B. I will comply with the Program’s rules, standards and instructions for student behavior. I understand that the University will not be involved in any discipline imposed upon me by the Program.

C. I am solely responsible for any legal problems I encounter with any foreign nationals or government of the host country. The University is not responsible for providing any assistance under such circumstances.

5. **Independent Activity.** To the extent that I travel independently before, during or after the Program, I understand that the University is not obligated to, and will not, provide me any assistance. I accept all risks related to such activities.

6. **Assumption of Risk and Release of Claims.** Knowing the risks and with the understandings described above, I agree, on behalf of myself, my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program, including all losses, damages, injury or death. To the maximum extent permitted by law, I release and indemnify the University, and its trustees, officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, as a result of my participation in the Program including periods in transit to or from any country where the Program is being conducted.

I HAVE CAREFULLY READ ALL PROVISIONS OF THIS ASSUMPTION OF RISK AND RELEASE OF CLAIMS FORM AND I AGREE TO BE BOUND BY EACH AND ALL OF THEM, AS INDICATED BY MY SIGNATURE BELOW. NO REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS, ORAL OR WRITTEN, APART FROM THE PROVISIONS OF THIS AGREEMENT, HAVE BEEN MADE REGARDING THE SUBJECT MATTER HEREIN. THIS AGREEMENT SHALL BECOME EFFECTIVE UPON MY ACCEPTANCE INTO THE PROGRAM. THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF OHIO, WHICH SHALL BE THE FORUM FOR ANY LAWSUITS FILED UNDER OR INCIDENT TO THIS AGREEMENT.

X _____

Signature of Participant

Date

TO BE COMPLETED IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE

I am the parent or legal guardian of the above named participant in the Program. I have read all provisions of this Assumption of Risk and Release of Claims Form. I agree to be legally and financially responsible for the obligations and acts of the participant as described herein. **I further agree, for myself and the participant, to be bound by all terms, including without limitation, all understandings, representations, assumptions of risk and releases of claims**

X _____

Signature of Parent or Legal Guardian

Date



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EMERGENCY CONTACT FORM/ FERPA RELEASE

Name of Participant: _____

Student ID # _____ Date of Birth: _____

Program: _____

Program Dates: _____ Program Director _____

In the event of an emergency during the time that I am a participant of the above-referenced study abroad program (the "Program") including times when I am traveling to or returning from the Program, I hereby give permission to representatives of the University to notify the following named persons of my whereabouts and condition and to provide any and all additional information requested from them.

First Emergency Contact Name: _____ Relationship _____

Phone Numbers: (w) _____ (h) _____ (cell) _____

Email: _____

Second Emergency Contact Name: _____ Relationship _____

Phone Numbers: (w) _____ (h) _____ (cell) _____

Email: _____

x _____

Signature of Participant

Date

x _____

Signature of Parent or Legal Guardian (if Participant is under 18)

Date