



## 2019 “汉语桥—美国高中生夏令营”学生申请表

### Application Form for 2019 Chinese Bridge Summer Camp -College Students

请用英文提供以下信息。/ Please provide following information in English.

#### 1. 申请人情况/Personal information

护照名/Passport Name: \_\_\_\_\_

姓/Last Name: \_\_\_\_\_

名/Given Name: \_\_\_\_\_

性别/Gender: \_\_\_\_\_ 出生日期/Date of birth: \_\_\_\_\_

国籍/Nationality: \_\_\_\_\_ 护照号码/Passport #: \_\_\_\_\_

护照有效期/Passport Expiration Date: \_\_\_\_\_

年级/Grade: \_\_\_\_\_ 学校/School: \_\_\_\_\_

第一语言/First Language: \_\_\_\_\_

第二语言/Second Language: \_\_\_\_\_

家庭成员间主要使用语言情况/Which language your family members mainly use at home?

英语/English ☐ 汉语/Chinese ☐ 其他/Other ☐

如果你选择“其他”，请说明。/If you choose “other”, please indicate. \_\_\_\_\_

当前地址/Current Address(including zip code):

\_\_\_\_\_

电话/Phone: \_\_\_\_\_ 传真/Fax: \_\_\_\_\_

照片  
Photo

手机/Cell: \_\_\_\_\_ 邮箱/Email: \_\_\_\_\_

如果有任何艺术特长，请详述。/If you have any artistic skills, please specify.

---

## 2. 紧急联络人信息

联络人 1/Contact #1

姓名/Name: \_\_\_\_\_ 家庭电话/Home Phone: \_\_\_\_\_

办公电话/Office Phone: \_\_\_\_\_ 手机/Cell Phone: \_\_\_\_\_

联络人 2/Contact #2

姓名/Name: \_\_\_\_\_ 家庭电话/Home Phone: \_\_\_\_\_

办公电话/Office Phone: \_\_\_\_\_ 手机/Cell Phone: \_\_\_\_\_

## 3. 汉语水平及项目背景/Chinese Language Proficiency and Program Background

1) 学习中文多长时间？ / How long have you been learning Chinese?

---

2) 中文水平/Chinese Language Proficiency (Basic, Intermediate, Advance):

---

3) 是否到过中国？/ Have you been to China before? 是/Yes ☐ 否/No ☐

4) 是否参加过“汉语桥-美国高中生夏令营”项目？哪年参加的？ / Have you participated in the “Chinese Bridge-Summer Camp for U.S. High School Students” before?

是/Yes ☐ (when: \_\_\_\_\_) 否/No ☐

## 4. 医疗信息/Medical Information

1) 你目前是否在接受治疗？ /Are you currently receiving medical treatment?

是/Yes ☐ 否/No ☐

如果是，请说明/If yes, please indicate. \_\_\_\_\_

2) 你目前是否在接受心理咨询或治疗？/Are you currently receiving counseling or medication for any psychological or emotional conditions?

是/Yes ☐ 否/No ☐

如果是，请说明/If yes, please indicate. \_\_\_\_\_

3) 你是否有任何过敏？/Do you have any allergies? 是/Yes ☐ 否/No ☐

如果是，请说明/If yes, please indicate. \_\_\_\_\_

5. 请陈述申请参加夏令营的原因（请附一页详细说明，最多 250 字）。/Please state the reasons why you would like to participate in the Summer Camp (Please attach a separate sheet, maximum 250 words).

6. 请附上一封贵校教师推荐信并提供推荐人信息/Please attach a letter of reference for your application by one teacher from your school. List the referee information below:

姓名/Name: \_\_\_\_\_

职务/Title: \_\_\_\_\_

联系电话或邮箱/Phone or Email: \_\_\_\_\_

### 申请人声明/Declaration of applicant:

我特此证明:/ I hereby certify that:  
本表所填写的内容和提供的材料真实无误。

All the information on this form is true and correct.

申请人签字/Signature of Applicant: \_\_\_\_\_

日期/Date: \_\_\_\_\_

(手写/Handwriting)

## Confucius Institute Supplemental Documents

### Document 1. Dependent Travel Authorizations and Participation Agreement

I, \_\_\_\_\_, hereby authorize my son/daughter,  
\_\_\_\_\_, to travel with an assigned chaperone and  
participate in the Chinese Bridge Summer Camp Program for American High School Students, in China,  
leaving June \_\_\_, 2019 and returning June \_\_\_, 2019.

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent / Legal Guardian per signature above

Home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary phone for contact: \_\_\_\_\_

Secondary phone for contact: \_\_\_\_\_  
\_\_\_\_\_

E-mail address for parent / legal guardian: \_\_\_\_\_

## Confucius Institute Supplemental Documents

### Document 2. Assumption of Risk and Release Form for Study Abroad

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

**Name of Participant:** \_\_\_\_\_  
(if applicant is under 18 years of age, a parent or legal guardian must also read and sign this form)

**Date of Birth:** \_\_\_\_\_ **Program: Confucius Institute HS Program**

**Home Institution:** \_\_\_\_\_

I hereby agree as follows:

1. **Risk of Study Abroad:** I understand that participation in the Confucius Institute Program of Cleveland State University, herein referred to as "the Program" and as specified above, involves risk not found in study at the University. These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety, and maintenance of buildings, public places and conveyances; local medical services; local weather conditions; and other matters described on a separate Program Risk Advisory which I have received, reviewed, and initiated, and which is incorporated by reference in this Release Form. I have made my own investigation and am willing to accept these risks.
2. **Institutional Arrangements:** 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. I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out of or any such matters.
3. **Independent Activity:** I understand that the University is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any University-supervised activities.
4. **Health and Safety:**

*Mailing Address:* 2121 Euclid Avenue, Rhodes Tower, Room 1237♦ Cleveland, Ohio 44115

*Campus Location:* Rhodes Tower, Room 1237♦ 2121 Euclid Avenue ♦ Cleveland, Ohio

*Phone:* (216) 523-7577 *Email:* x.zhang27@csuohio.edu

- A. I have consulted with a medical doctor with regard to my personal medical condition and needs. There are no health-related reasons or problems which preclude or restrict my participation in this Program.
- B. I am aware of all the applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care in a foreign country or in the US during the Program, the University is not responsible for the cost or quality of such treatment or care.
- C. The University is not obligated to but may take any actions it considers warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the University from any liability for any actions.

**5. Standards of Conduct:**

- A. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug and alcohol use, and behavior. I recognize that behavior which violates those laws or standards could harm the University's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards in each country to or through which I will travel during the Program.
- B. I also will comply with the University's rules, standards and instructions for student behavior. I waive and release all claims against the University that arise at a time when I am not under such direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.
- C. I agree that the University has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the program, for violation of these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the University, the Program, and other participants. I recognize that due to the circumstances of foreign study programs, procedures for notice, hearing, and appeal applicable to student disciplinary proceedings at the University do not apply. If I am expelled, I consent to being sent home at my own expense with no refund of fees.
- D. I will attend to 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.

- 6. **Program Changes:** The University has the right to make cancellations, substitutions, or changes in case of emergency or changed conditions or in the interest of the Program. I understand that the Program may be cancelled due to insufficient number of students and that conditions may force a change in itinerary, schedules, and programs. I understand that the University's fees and program changes are based on current airfares, lodging rates, and travel costs, which are subject to change. If I leave or am expelled from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, sickness, weather, strikes, or other unforeseen causes. If I become detached from the Program group, fail

*Mailing Address:* 2121 Euclid Avenue, Rhodes Tower, Room 1237♦ Cleveland, Ohio 44115

*Campus Location:* Rhodes Tower, Room 1237♦ 2121 Euclid Avenue ♦ Cleveland, Ohio

*Phone:* (216) 523-7577 *Email:* [x.zhang27@csuohio.edu](mailto:x.zhang27@csuohio.edu)

to meet a departure bus, airplane or train or become sick or injured, I will, at my own expense, seek out, contact, and reach the Program group at its next available destination.

7. **Assumption of Risk and Release of Claims:** Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify the State of Ohio, Cleveland State 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, during my participation in the Program (including periods in transit to or from any country where the Program is being conducted.)
8. I understand that future Study Abroad Program promotional materials may include statements and /or photographs of participants, and I consent to the use of my comments and/or photographs.

I carefully have read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall become effective only upon receipt of my application by Cleveland State University at its offices in Cleveland, Ohio and 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 or to the Program.

x \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I a) am the parent or legal guardian of the above Applicant; b) have read the foregoing Release Form (including such parts as may subject me to personal financial responsibility: c) am and will be legally responsible for the obligations and acts of the Applicant as described in this Release Form: and d) agree, for myself and for the Applicant, to be bound by these terms.

x \_\_\_\_\_  
Signature of Parent/Legal Guardian of Applicant

\_\_\_\_\_  
Date

*Mailing Address:* 2121 Euclid Avenue, Rhodes Tower, Room 1237♦ Cleveland, Ohio 44115

*Campus Location:* Rhodes Tower, Room 1237♦ 2121 Euclid Avenue ♦ Cleveland, Ohio

*Phone:* (216) 523-7577 *Email:* x.zhang27@csuohio.edu

## Confucius Institute Supplemental Documents

### Document 3. Photography and Material Release Form

I hereby give Cleveland State University permission to copyright, use, publish, and distribute in any medium and for any purpose the photographs including videos and still photographs taken, during my participation in the Confucius Institute Chinese Bridge Summer Camp Program, of me or in which I may be included with others and to use my name in connection with the photographs.

I hereby release Cleveland State University, as well as the photographer, from any and all claims and demands arising out of or in connection with the use of the photographs.

I certify that I hereby grant Cleveland State University and the Confucius Institute at CSU permission to use and distribute material that I submit to the Confucius Institute at CSU on a royalty-free basis for news and public-information purposes at the discretion of Cleveland State University and the Confucius Institute at CSU. Such uses include, but are not limited to, posting the material on the CSU and Confucius Institute at CSU Web site (thereby making it generally available to such outlets as news organizations, universities, teachers and the general public) and distributing the material to other Web sites for educational and/or informational purposes.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Note: Under 18 years of age requires parent/legal guardian signature.**

\_\_\_\_\_  
Signature Parent / Legal Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date



## Confucius Institute Supplemental Documents

### Document 4. Medical Information Form for Study Abroad

**Participant's Name (printed):** \_\_\_\_\_

**To be completed and signed by participant's physician.**

1. Does the participant have allergies to medications? If so, please specify.
2. Does the participant have other allergies? If so, please specify.
3. Is the participant currently taking prescription medicine? If so, please specify.

This statement is to verify that \_\_\_\_\_ (participant's name) is in good health and able to participate in the activities of the Chinese Bridge Summer Camp Program for American High School Students.

**Physician's Printed Name** \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone** \_\_\_\_\_

\_\_\_\_\_  
Clinic, Hospital, or Physician's Office  
Address Stamp

## Confucius Institute Supplemental Documents

### Document 5. Extended Travel Permission & Medical Form – Participant

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_

Name as printed on passport (**exact** spelling): \_\_\_\_\_

Group or Program Chinese Bridge Summer Camp for High School Students

Destination Beijing and Kunming in China

Departure and Return Dates \_\_\_\_\_

#### MEDICAL/EMERGENCY CONTACT INFORMATION

(Please print)

Parent / Legal Guardian Name(s) \_\_\_\_\_

Participant's Age \_\_\_\_\_ Participant's Date of Birth \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_

Father's Work \_\_\_\_\_ Father's Cell \_\_\_\_\_

Mother's Work \_\_\_\_\_ Mother's Cell \_\_\_\_\_

#### Contact person if parent / legal guardian cannot be reached (please list 2-3 people):

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

#### Contact person if parent/guardian cannot be reached (please list 2-3 people):

*Mailing Address:* 2121 Euclid Avenue, Rhodes Tower, Room 1237♦ Cleveland, Ohio 44115

*Campus Location:* Rhodes Tower, Room 1237♦ 2121 Euclid Avenue ♦ Cleveland, Ohio

*Phone:* (216) 523-7577 *Email:* x.zhang27@csuohio.edu

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to student \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

**Contact person if parent/guardian cannot be reached (please list 2-3 people):**

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to student \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

**MEDICATION(S) student will be traveling with:**

*All prescription medication (with the exception of inhalers and EpiPens) will be collected prior to departure. Medication should be carried in the container in which it was dispensed (e.g. prescription bottle), including the drug's generic name and the prescribing physician's name. Note any special storage requirements (e.g. refrigeration). All medication will be held, dispensed and administered under the supervisions of a chaperon or administrative staff member. If additional space is needed, please attach a separate list.*

Medication \_\_\_\_\_ Reason \_\_\_\_\_

Medication \_\_\_\_\_ Reason \_\_\_\_\_

Medication \_\_\_\_\_ Reason \_\_\_\_\_

**May the student be given the following over-the-counter medications if needed?**

<b>Acetaminophen</b> (Tylenol) Yes _____ No _____	<b>Loperamida</b> (Imodium) Yes _____ No _____
<b>Pseudoephedrine</b> (Sudafed) Yes _____ No _____	<b>Dimenhydrinate</b> (Dramamine) Yes _____ No _____
<b>Ibuprofen</b> (Advil/Motrin) Yes _____ No _____	<b>Antacid</b> (Tums, Mylanta) Yes _____ No _____

**Does the participant have ALLERGIES or health concerns that chaperons should be aware of?**  
**Please be specific.**

*Mailing Address:* 2121 Euclid Avenue, Rhodes Tower, Room 1237♦ Cleveland, Ohio 44115

*Campus Location:* Rhodes Tower, Room 1237♦ 2121 Euclid Avenue ♦ Cleveland, Ohio

*Phone:* (216) 523-7577 *Email:* x.zhang27@csuohio.edu

---

---

Are there any other drugs (prescription or nonprescription) that should NOT be administered? If so, please list.

---

Has the participant had any medical problems or illnesses during the last year? Please list.

---

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Date of Last Tetanus Shot (Must be within the past 5 years) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Participant's Name \_\_\_\_\_

*In case of an emergency, every effort will be made to contact you or the persons that were listed as the emergency contacts. However, if all attempts are not successful, it is important that you grant permission for a licensed physician or accredited hospital and their associates to perform any medical/surgical procedures that are deemed necessary for the treatment of the named individual.*

*In the reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by a licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.*

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent / Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Confucius Institute Supplemental Documents

### Document 6. Statement of Health Insurance for Study Abroad

The undersigned certifies that he/she has health and hospitalization insurance which is applicable overseas.

Participant Name (print) \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Legal Guardian Signature (If Under 18 Years of Age) \_\_\_\_\_

Insurance Provider \_\_\_\_\_

Group Number \_\_\_\_\_

Member Number \_\_\_\_\_

Claims Department phone number \_\_\_\_\_

Please attach photocopy of insurance card or other proof of enrollment in an appropriate health insurance program.

## Confucius Institute Supplemental Documents

### Document 7. Code of Conduct

**The Program Code of Conduct includes, but is not limited to:**

1. A duty to respect the privacy rights of members of the community by avoiding all forms of intimidation, including sexual and physical harassment.
2. A duty to refrain from causing physical injury to yourself and others. Participants will be held financially and legally responsible for any and all damage they inflict upon other persons.
3. A duty to refrain from causing damage to real or personal property of others. Participants will be held financially and legally responsible for any and all damage they inflict upon the property of others.
4. A duty to preserve the quality of facilities that they may visit or reside at during their travels.
5. A duty to respect cultural differences. This includes observing the proper etiquette in business/social settings, e.g. being punctual for appointments, not speaking out of turn, etc.
6. A duty to refrain from irresponsible behavior, including the inappropriate consumption of alcohol or use of illegal drugs.
7. A duty to not leave the city for any personal excursions or trips.
8. A duty to not operate motorized vehicles.
9. A duty to not participate in risky athletic/recreational activities (i.e. scuba, parachuting, parasailing, etc.)
10. A duty to follow all laws whether disobedience would result in arrest or not.
11. A duty to report to representatives of the University any person known by the participant to have violated the Code of Conduct.

*Mailing Address:* 2121 Euclid Avenue, Rhodes Tower, Room 1237 ♦ Cleveland, Ohio 44115

*Campus Location:* Rhodes Tower, Room 1237 ♦ 2121 Euclid Avenue ♦ Cleveland, Ohio

*Phone:* (216) 523-7577 *Email:* x.zhang27@csuohio.edu

### Policies and Rules for Chinese Bridge Summer Camp

The following policies and rules are established for the participant's safety and for the welfare of the group as a whole. It is important that both the parents / guardians and the student travelers (participants) read and understand the following rules and policies for our trip to China.

Your signatures on this form indicate your understanding of the rules and your agreement to abide by these rules. It furthermore indicates that you understand that failure to comply with these rules could result in the participant's immediate return to the United States at his/her family's expense.

1. Travelers will encounter Chinese men/women/children during the trip and may have the opportunity to converse with them. However, there is absolutely no dating allowed.
2. People whom the participants meet from outside the university's group (Chinese nationals, other travelers, other student travelers) are NOT allowed in the university group members' hotel rooms at any time. Nor are the university groups' participants allowed in other's rooms.
3. There is an "open door" policy in rooms for the chaperons. Chaperons have the right to enter participants' rooms during the day or evening. Chaperons will knock first. After knocking, chaperons reserve the right to open the door. Everyone must remain in his/her own room after room check.
4. Chaperons expect mature and proper behavior at all times in hotels and while touring. Participants are guests. In hotels and/or dorms avoid yelling, running through the hallways, shouting out of windows, throwing items from windows or balconies, leaving trash in hallways and lobbies, etc. The traveler will be held responsible for any damage that he/she may cause.
5. When leaving the hotel and/or dorms in any town, the participant must be accompanied by at least two other members of the university's group. Participant must be in groups of **three or more**. Before free time, participants are required to tell their chaperon where they will be going, with whom and what time they plan to return. If a participant gets lost while touring with the group, he/she STOP and WAIT. Someone will come looking for him/her.
6. All medical problems should be reported to the chaperon immediately. No matter how minor it seems to a participant, it could be serious.
7. Drinking plenty of water and eating properly are extremely important. Therefore, attendance at breakfast and dinner is mandatory. Plan to have bottled water on long rides.
8. There will be no drinking of any alcoholic beverage on the flights or during the stay. No alcoholic beverages are permitted in hotel rooms. Participants are American citizens and minors, so please do not ask to be served alcoholic beverages. This is a serious offense.

*Mailing Address:* 2121 Euclid Avenue, Rhodes Tower, Room 1237 ♦ Cleveland, Ohio 44115

*Campus Location:* Rhodes Tower, Room 1237 ♦ 2121 Euclid Avenue ♦ Cleveland, Ohio

*Phone:* (216) 523-7577 *Email:* x.zhang27@csuohio.edu

9. Smoking: Chaperons assume that parents/guardians know if your son/daughter smokes cigarettes. In China, it is legal for participant to buy cigarettes. If participants have to smoke they may not smoke in hotel rooms, at meals, or on the bus. Most of group members do not smoke and find this practice offensive.

10. Drugs: The only drugs that the participant may have in his/her possession are prescription medications. Chaperon is to be informed of these medications in writing before departure. Participants will not accept any type of drugs from anyone they meet during the trip. Any participant found in possession of any illegal drug(s) will be arrested and prosecuted according to the laws of the country. If someone tries to give the participant any drug, he/she will inform the chaperon immediately.

11. Packages: The participant will not accept packages from anyone. Someone may try to ask the participant to bring something back to the States to mail. Say no.

12. Tattoos/Body Piercings: participants are not permitted to get tattoos or body piercings while participating in the Program. They pose a grave health risk.

13. Courtesy towards others is important at all times, whether towards other group members, the tour director, the bus driver, guides, shopkeepers, waiters, or anyone else. All participants will be polite and respectful. Do not leave the people the group encounters with the impression that participants are demanding, inconsiderate Americans.

14. Keep money and passport in a safe place (where only the participant can get it). At all times, the traveler will keep his/her passport, traveler's checks, credit cards, and itinerary/hotel list in his/her passport holder around his/her neck or waist.

15. Be prompt. Very important. Most days the group will be having breakfast between 7:00 and 7:30 am and will probably leave the hotel by 8:00 am. In order for the group to be able to see all of the things scheduled, all participants must be on the bus on time. If a traveler is not on time, he/she might keep the entire group from seeing something.

16. Food will be different. It's not American. Participants will not comment on the food with noises, faces, or phrase like "That's interesting". Be prepared to try new things.

Have fun! Listen, explore and learn! Let common sense prevail! If the participant is in doubt about what he/she may or may not do, he/she should check with the chaperons.





I have read and understand the Code of Conduct, Policies, and Rules for the trip to China and I agree to comply with them.

Student Name (print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Mailing Address:* 2121 Euclid Avenue, Rhodes Tower, Room 1237 ♦ Cleveland, Ohio 44115

*Campus Location:* Rhodes Tower, Room 1237 ♦ 2121 Euclid Avenue ♦ Cleveland, Ohio

*Phone:* (216) 523-7577 *Email:* [x.zhang27@csuohio.edu](mailto:x.zhang27@csuohio.edu)

## Confucius Institute Supplemental Documents

### #8 School District Release

---

Print Full Name EXACTLY AS APPEARS ON PASSPORT

---

---

(The name of the School District which the Participant attends)  
Extracurricular activity and/or travel acknowledgement, waiver and release agreement

**This document is a release of legal rights for consideration.**  
**Please read and be certain you understand this release before signing**

Dear Parents/Guardians/ Participants:

This Agreement is made between \_\_\_\_\_ (The name of the School District which the Participant attends), hereinafter referred to as School District, and \_\_\_\_\_ (Participant's Name), hereinafter referred to as Participant and \_\_\_\_\_ (Parent/Guardian Name), hereinafter referred to as Parent/Guardian, in regard to Participant being permitted to travel to China and participate in the 2019 Chinese Bridge Summer Camp, hereinafter referred to as the Program.

I am either the Participant named above or the Parent/Guardian of the minor Participant named above and, in consideration of the Participant being permitted to take part in the Program, covenant and agree as follows:

1. I freely and voluntarily choose to participate in, or to authorize the Participant to participate in, the above Program. I understand and acknowledge that participation in the Program can include foreseeable and unforeseeable risks and other hazards inherent in the Program or otherwise, which may expose the Participant to illness, injury or death. Participant or Parent/Guardian freely and voluntarily participates or allows participation in the Program with full knowledge of the risks involved, and hereby agrees to assume and accept all risk of illness, injury or death.

*Mailing Address:* 2121 Euclid Avenue, Rhodes Tower, Room 1237 ♦ Cleveland, Ohio 44115

*Campus Location:* Rhodes Tower, Room 1237 ♦ 2121 Euclid Avenue ♦ Cleveland, Ohio

*Phone:* (216) 523-7577 *Email:* x.zhang27@csuohio.edu

2. I do release, waive, forever discharge and covenant not to sue the School District, and their employees, administrators, supervisory personnel Board members, agents and insurers, from and against any and all liability for harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature which Participant or Participant's parents/guardians, their heirs, guardians, legal representatives and assigns may have or which may hereafter accrue thereto, arising out of or related to any loss, damage or injury that may be sustained by Participant or by any property belonging to Participant in connection with or related to the Program. I understand that this Release covers liability, claims and actions caused entirely or in part by any acts or failures to act by or on behalf of the School District (or their employees, administrators, supervisory personnel, Board members or agents), including but not limited to negligence, mistake, or failure to supervise by any of the foregoing in connection with or related to the Program.
3. I agree to indemnify, hold harmless and defend the School District and their employees, administrators, supervisory personnel, Board members, agents and insurers from all actions, claims or demands that any person may have or purport to have against the School District (or any of their employees, administrators, Board members, agents or insurers), now or in the future, for any loss, injury, death or property damage resulting from any action or inaction by the Participant in connection with or related to participation in the Program.
4. I accept all the rules and requirements of the Program. Attached hereto is a signed copy of any Participation Agreement or form required of or on behalf of the Participant by the travel agent, AFC International, Inc., or other person making arrangements for the Program. I acknowledge that the Participant is required to observe all requirements of that Participation Agreement or form and any and all schedules and instructions given by supervisory personnel. I hereby grant the School District (and any of its employees, administrators supervisory personnel or other agents) the absolute right to terminate Participant's participation in the Program if it is determined that Participant's conduct is detrimental to the best interests of other participants in the Program or to the School District or is in violation of the terms of the attached Participation Agreement or form. Participant's return home and the arrangements thereof shall be solely at the personal expense of Participant and Participant's Parents/Guardians, and the undersigned agrees to pay all such expenses and any cancellations fees and will not be entitled to any refund from the School District any other person. Any violation of

*Mailing Address:* 2121 Euclid Avenue, Rhodes Tower, Room 1237 ♦ Cleveland, Ohio 44115

*Campus Location:* Rhodes Tower, Room 1237 ♦ 2121 Euclid Avenue ♦ Cleveland, Ohio

*Phone:* (216) 523-7577 *Email:* x.zhang27@csuohio.edu

the rules and requirements may be cause for suspension or expulsion from the Partnership Schools, subject to applicable due process procedures, upon return.

5. I fully recognize and agree that the School District cannot and will not be responsible for the needs and well-being of the Participant when not under the direct supervision of the School District supervisory personnel during the Program. I further understand and agree that the School District may not have trained medical personnel available during the Program. I hereby authorize the School District (and any of its employees, administrators, supervisory personnel or other agents) to, and it (and any of them) may, authorize any emergency medical treatment for the Participant in conjunction with the Program, as necessary, and hereby acknowledge that such action by or on behalf of the School District shall be subject to the terms of this Agreement. I fully understand and agree that the School District assumes no responsibility for any injury or damage that may arise out of or in connection with such authorized emergency medical treatment and that the School District will not cover any costs associated with medical treatment or hospitalization. I acknowledge and agree that I have insurance covering necessary emergency medical treatment or hospitalization for the Participant or will be individually and personally liable for any and all costs with respect thereto.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Confucius Institute Supplemental Documents

### Document 9. Liability and Responsibility Release Form

I acknowledge and agree that Cleveland State University, the Confucius Institute at Cleveland State University, and the Confucius Institute Headquarters do not have any responsibility for students that are not directly under their supervision during the 2019 Chinese Bridge Summer Camp for American High School Students (the “Program”).

I further acknowledge and agree that I remain fully responsible for my child/student until he or she arrives at the location specified for joining the 2019 Chinese Bridge Summer Camp for American High School Students, and contacts his or her designated chaperone.

I hereby release and indemnify the State of Ohio, Cleveland State University and its trustees, officers, employees and agents, the Confucius Institute at Cleveland State University, the Confucius Institute Headquarters, and the 2019 Chinese Bridge Summer Camp for American High School Students from and against any present or future claim, loss or liability for injury to person or property which I or my child/student may suffer, or for which I and my child/student may be liable to any other person, during any and all travel to join the Program other than the Program’s planned flight on June \_\_\_, 2019 and after June \_\_\_, 2019.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Note: Under 18 years of age requires parent/legal guardian signature.**

\_\_\_\_\_  
Signature Parent / Legal Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

*Mailing Address:* 2121 Euclid Avenue, Rhodes Tower, Room 1237 ♦ Cleveland, Ohio 44115

*Campus Location:* Rhodes Tower, Room 1237 ♦ 2121 Euclid Avenue ♦ Cleveland, Ohio

*Phone:* (216) 523-7577 *Email:* x.zhang27@csuohio.edu

## Confucius Institute Supplemental Documents

### Document 10. Assumption of Risk and Release Form for Travel to Cleveland

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

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

(If applicant is under 18 years of age, a parent or legal guardian must also read and sign this form)

Date of Birth: \_\_\_\_\_

Program: Confucius Institute Chinese Bridge Summer Camp Program

Home Institution: \_\_\_\_\_

I hereby agree as follows:

**Risk of travel to Cleveland:** It is each student responsibility to be on time, in Cleveland, at the preset departure point, and to have all necessary paperwork, for the international trip to China. I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out or any such matters.

x \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I a) am the parent or legal guardian of the above Applicant; b) have read the foregoing Release Form (including such parts as may subject me to personal financial responsibility; c) am and will be legally responsible for the obligations and acts of the Applicant as described in this Release Form: and d) agree, for myself and for the Applicant, to be bound by these terms.

x \_\_\_\_\_  
Signature of Parent/Legal Guardian of Applicant

\_\_\_\_\_  
Date

*Mailing Address:* 2121 Euclid Avenue, Rhodes Tower, Room 1237 ♦ Cleveland, Ohio 44115

*Campus Location:* Rhodes Tower, Room 1237 ♦ 2121 Euclid Avenue ♦ Cleveland, Ohio

*Phone:* (216) 523-7577 *Email:* x.zhang27@csuohio.edu