

CSU Group International T

Please read all the attached materials and provide your signature. If a signature is requested on a document, you must sign it. The Center for International Services and Programs will not accept any electronic documents scanned and emailed or faxed. Documents may be submitted in person or by mail. If you have any questions or concerns regarding this paperwork, please contact the Center for International Services and Programs at (216) 687-8965. Please submit all requirements to the Center for International Services and Programs, MC 412, 2121 Euclid Ave., Cleveland, OH 44115.

Paperwork Check

and complete information regarding the form. The Center for International Services and Programs, though a signed document, cannot be scanned or faxed. If you have any questions, please contact Julie Good, Manager of International Services and Programs, at (216) 687-8965. Please submit all requirements to the Center for International Services and Programs, MC 412, 2121 Euclid Ave., Cleveland, OH 44115.

Group Travel Assumption of Risk and Guarantee (FORM)

se (FORM)

Photocopy of ID page of passport

Traveler Statement of Health Insurance

International Coverage (FORM)

Photocopy of insurance card

Traveler Health Information (FORM)

Physician's Health Clearance and Vaccination Record (FORM)
Clearance portion is not voided by a medical professional

STUDENT ONLY
out by a medical profess

Photo Release (FORM)

Please submit all forms and photocopies to the Center for International Services and Programs, MC 412, 2121 Euclid Ave., Cleveland, OH 44115.

Contact the Center for International Services and Programs at (216) 687-8965 or nabroad@csohio.edu.

**GROUP TRAVEL ASSUMPTION OF RISK
AND GENERAL RELEASE FORM**

Name of Traveler: _____

Category of Traveler: ____ CSU Student ____ CSU Faculty Member
 ____ CSU Alumnus/a ____ CSU Staff Member
 ____ Community Participant¹

Program Name: _____

Faculty Program Director: _____

Travel Dates: Departure Date: _____ Return: _____

I am a student at Cleveland State University ("CSU") and have chosen voluntarily to enroll in the CSU Faculty led Program Abroad described above, for which I will receive academic credit and also may receive funding. The Program includes all academic activities prior to departure, and at the destination(s) which comprise the Program, and all travel to and from the destination(s). I understand and agree that academic study in a foreign country or countries is a requirement of the Program. However, I was not required to enroll or participate in the Program as a condition of receiving my degree. My signature below confirms my understanding of the following terms and conditions that are required for participation in the Program:

Student Signature: _____ Date: _____

CSU Student ID: _____

Section I: Risks of International Travel U.S. State Department Warning

I understand that participation in a Cleveland State University (CSU) Faculty led Program Abroad ("the Program") includes international travel that involves risks not found in traditional academic study at CSU. These include without limitation risks involved in traveling to, from, and within international locations; foreign political, legal, medical, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances and local weather conditions, The

¹ This category references a pre approved

country or countries to which I will travel may have health and safety standards that differ from those enjoyed in the United States, and I recognize that I may be subjected to potential risks, illnesses, injuries and even death. I have made my own investigation of these risks, understand these risks and assume them knowingly and willingly.

I also acknowledge that in working, living and traveling abroad, I may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are different from those to which I

In the event of a health related emergency abroad, I authorize Cleveland State University to obtain appropriate health care for me in the event that I need urgent medical care but am not able to obtain it for myself. I further agree to hold harmless and indemnify CSU for any and all actions taken by CSU to provide necessary emergency medical care to me during the Program. I also understand and agree that if I experience serious health problems, suffer an injury, or am otherwise in a situation that raises significant health and safety concerns, then CSU may contact my parents (if a CSU student) or any other person whom I have named as an "emergency contact" at the end of this document. Please refer to Section VII for more information.

Section IV: Standards of Conduct

I recognize that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations; with CSU's policies for student conduct (including without limitation those set forth in the Graduate Student Handbook, *The Viking Community*

10-3-2020


I certify that I am age 18 or older. I have carefully read and freely signed this Group Travel Assumption of Risk and General Release 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. I understand and agree that no oral or written representations can or will be alter the contents of this document. I agree that 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 or the Program.

Participant Signature: _____ Date: _____

Participant Name (please print): _____

Section VII: FERPA Release and Participant Emergency Contact Information

In the event of an emergency during the time that I am a participant of the above referenced program (the "Program"), including the times when I am traveling to or are returning from the Program, I agree to provide the following information to the Program:



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ForCS Physician's Health

To be completed and signed by student's physician

1. Does the student have any allergies to

2. Does the student have other :

3. Is the student currently taking

This statement is to verify that _____

education abroad program to whichs/

Name of Physician

Street Address

City State Zip

Telephone No.

PHOTOGRAPHY/VIDEO
MODEL RELEASE

I hereby give The Center for International Services and Programs