



# CISP

Center for  
International  
Services and  
Programs

## *CSU Group International Travel Paperwork Checklist*

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Please read all the attached materials and provide accurate and complete information as requested. If a signature is requested on a document, you must physically sign the form. The Center for International Services and Programs will not accept any electronic signatures, though a signed document may be scanned and emailed or faxed. Documents may also be mailed, scanned or faxed. If you have any questions or concerns regarding this paperwork, please contact Julie Good, Manager of Education Abroad Center for International Services and Programs (CISP). Please submit all required forms and photocopies to Center for International Services and Programs, MC 412, 2121 Euclid Ave. Cleveland, OH 44115.

- Group Travel Assumption of Risk and General Release (FORM)**
- Photocopy of ID page of passport**
- Traveler Statement of Health Insurance with International Coverage (FORM)**
- Photocopy of insurance card**
- Traveler Health Information (FORM)**
- Physician's Health Clearance and Information (FORM) CSU STUDENTS ONLY**- The Health Clearance portion is not voluntary, and must be filled out by a medical professional.
- Photo Release (FORM)**

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Please submit all forms and photocopies in one packet to the Center for International Services and Programs MC 412, 2121 Euclid Ave. Cleveland, OH 44115, [educationabroad@csuohio.edu](mailto:educationabroad@csuohio.edu) or (216) 687-3965.



## 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 Participant<sup>1</sup>

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

<sup>1</sup> This category references a pre-approved, affiliated non-student participant in the Program. The spouses and children of approved participants may not participate in or travel with the Program.

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 am accustomed in the United States. I acknowledge that it is my responsibility to take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that CSU recommends that I never travel alone, particularly at night. Being alone, especially at night, and driving a car in a foreign country may present additional danger to my safety and well-being.

I understand that, although CSU has organized this Program, it cannot eliminate all risks or guarantee my safety while I am abroad. I have read and understood all information on the U.S. Department of State websites <http://travel.state.gov> and <http://travel.state.gov/content/passports/english/alertswarnings.html> about the country or countries to which I am traveling, including, without limitation, the U.S. Department of State Consular Information Sheet and the State Department Travel Warning (if applicable). I also have reviewed the U.S. Centers for Disease Control health advisory information relating to travel abroad found at <http://www.cdc.gov/travel>, and any additional information available from the World Health Organization website (<http://www.who.int/>). With knowledge of this information, I have made the independent judgment to participate in the Program.

#### Section II: Mandatory Health Insurance Coverage While Abroad

I understand that I am required by CSU to purchase and maintain appropriate health insurance coverage while I am a participant in the Program. I attest that I have valid health insurance coverage and I have determined that this health insurance coverage is adequate to cover injuries or illness that I may sustain while participating in the Program. I understand that I am solely responsible for payment of all costs associated with medical care that I may receive while abroad.

#### Section III: Health Care and Safety Concerns

I understand that all Program participants, regardless of their Traveler Category, are responsible for obtaining any and all recommended immunizations before traveling to the Program destination(s).

I attest that I have seen a medical professional regarding my international travel plans and that I have been deemed healthy and am able to participate in all Program-related activities.

I am also aware that, during my participation in the Program, I will be automatically enrolled in both CSU's Travel Assistance Program, offered through **International SOS**, and the Department of State's STEP international travel portal. The Travel Assistance Program offers emergency and acute care medical assistance, medical evacuation, and other emergency translation services, like translation/interpretation services, legal referrals, and general travel advice that is a supplement to, and not a substitute for, health insurance coverage. General information about the International SOS Traveler Assistance Program can be found at: <https://www.internationalsos.com/en/information.htm>

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 Creed*, any other “Student Handbook” applicable to students enrolled in the Colleges and Schools at CSU, and the course-specific materials pertaining to the Program); with the policies of the Host Institution(s) abroad (if any); and with any instructions or directives given to me by the Faculty Program Leader(s). I promise to act responsibly and will become well informed of, and shall abide by, all such laws, regulations, policies, and standards. I will comply with CSU’s policies, standards, and instructions for student behavior. I understand that CSU has the right to terminate my participation in the Program for cause and that I could be required to return to the United States at my own expense if I am dismissed from the Program. I agree that CSU has the right to enforce all standards of conduct described in Section IV.

#### Section V: Travel Arrangements

I understand that CSU does not represent or act as an agent for, and cannot control the acts of omissions of, any host family, employer, transportation carrier, hotel, tour operator, or other provider of food, goods, services involved in the Program. I understand that CSU is not responsible for matters that are beyond its control, and it does not warrant the safety or convenience of the circumstances under which I will be living while abroad.

#### Section VI: General Release

**KNOWING THE RISKS DESCRIBED ABOVE, 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, HOLD HARMLESS AND AGREE TO INDEMNIFY CLEVELAND STATE UNIVERSITY, AND ITS OFFICERS, GOVERNING BOARD MEMBERS, FACULTY, STAFF, REPRESENTATIVES, EMPLOYEES AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH I MAY SUFFER, OR FOR WHICH I MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY PARTICIPATION IN THE PROGRAM (INCLUDING PERIODS IN TRANSIT TO OR FROM MY DESTINATION), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON MY PART OR THE PART OF ANY OF THE RELEASED PARTIES.**

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 hereby give permission to representatives of CSU to notify the following-named persons of my whereabouts and condition, and to provide any and all additional information requested from them.

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

**PARTICIPANT EMERGENCY CONTACT INFORMATION**

First Emergency Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: Work \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Second Emergency Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: Work \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## *Traveler Statement of Health Insurance with International Coverage*

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**Each traveler must hold personal health insurance that includes international coverage.** Please include photocopy of your insurance card or proof of enrollment in an appropriate health insurance program.

**The undersigned certifies that I have health and hospitalization insurance which is applicable outside of the continental United States.**

Name \_\_\_\_\_ ID # \_\_\_\_\_

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

## Traveler Health Information

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The purpose of this form is to help CSU be of assistance to you in the event of a health emergency during your international travel. Mild physical or psychological conditions can become more serious while traveling abroad. Moreover, the system of health care is unlikely to be replicated abroad. It is therefore *extremely* important that we be made aware of any medical or psychological/psychiatric conditions, previous or current, that you may (have) suffer(ed) from so that the faculty program director abroad will be better able to respond appropriately should any such condition become apparent while you are abroad.

Please answer the following questions as honestly and completely as possible. Providing the information requested herein is not mandatory, but given the particular stresses and risks involved in study abroad, failure to do so could hinder your success in the program or that of others. The information will only be used in circumstances where it is judged by the faculty program director to be essential to your well-being and after discussion with the Center for International Services and Programs. Please indicate "N/A" if the question is not applicable to you.

I, the understated, consent to sharing my medical history information with the staff of CISP and the faculty-director/trip leader of my above named CSU program abroad.

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Name of Student or Traveler

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Student ID Number

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Signature

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Date

1. Please describe any health conditions (such as asthma, diabetes, epilepsy, depression, bi-polar disorder, etc.) that you may suffer from, even if currently controlled by medication:
2. Please give details of any hospitalizations within the past three years:
3. Are you currently receiving, or have received in the past three years, counseling for the treatment of any emotional problem, drug addiction, alcoholism, psychiatric condition, or eating disorder?
4. Please list any prescription or over-the-counter medications you are currently taking. If possible, include the generic name of the drug. (Be sure to take a sufficient supply of critical, prescription medications to last for the duration of your time abroad.)
5. Please list all allergies (including food and drug allergies)

**Please use a second page if necessary to complete your answers.**

## *-For CSU Students Only-*

# *Physician's Health Clearance and Information*

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To be completed and signed by student's physician (preferably non-relative).

1. Does the student have any allergies to medications? If so, specify.
  
  
  
  
  
  
  
  
  
  
2. Does the student have other allergies? If so, specify.
  
  
  
  
  
  
  
  
  
  
3. Is the student currently taking any prescription medication? If so, specify.

This statement is to verify that \_\_\_\_\_ is in good health and is able to participate in the  
(Name of Student)  
education abroad program to which s/he has been accepted.

\_\_\_\_\_  
Name of Physician

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**PHOTOGRAPHY/VIDEO  
MODEL RELEASE**

I hereby give **The Center for International Services and Programs** permission to copyright, use, publish and distribute in any medium and for any purpose the photographs/video taken of me or in which I may be included with others and to use my name in connection with the photographs/video.

I hereby release Cleveland State University, as well as the photographer/videographer and **The Center for International Services and Programs**, from any and all claims and demands arising out of or in connection with the use of the photographs.

**NAME (PLEASE PRINT LEGIBLY)**

**DATE**

\_\_\_\_\_

\_\_\_\_\_

**NAME/SIGNED**

\_\_\_\_\_

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

**email:** \_\_\_\_\_

**THANK YOU FOR YOUR HELP IN PROMOTING CSU!**

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**NOTE: UNDER (18) YEARS OF AGE REQUIRES PARENTAL/GUARDIAN SIGNATURE.**

PARENT/GUARDIAN

RELATIONSHIP

PHONE

\_\_\_\_\_  
DATE \_\_\_\_\_

\_\_\_\_\_

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_