



CISP

Center for International Services and Programs

Assumption of the Risk, Release & Waiver of Liability

As consideration for the opportunity to participate in the _____ and related activities sponsored by _____ (CSU College or 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 RESEARCH program and related activities sponsored by _____ - (CSU College or Dept 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) _____

EMERGENCY CONTACT INFORMATION

First Emergency Contact Name: _____

Telephone Number: Work _____ Mobile _____

E-mail Address: _____

Second Emergency Contact Name: _____

Telephone Number: Work _____ Mobile _____

E-mail Address: _____