



Roosevelt University

Out-of-Country Travel Assumption of Risk and Liability Release

Policy 2.10

Responsible Executive: Vice
President of Human Resources

Originally Issued: month, day,
year

Revised: 01/2004

Effective date: month, day, year

Roosevelt University

OUT-OF-COUNTRY TRAVEL ASSUMPTION OF RISK AND LIABILITY RELEASE

Participant's Name and RU I.D.:	Program and Location:
Term: Fall Spring Summer Year:	Parent or Guardian :

Field trips, conducted tours and various non-conducted student activities (sometimes organized by private individuals) are often a factor in foreign study programs. Opportunity for travel and participation in student activities are plentiful and ROOSEVELT UNIVERSITY does not wish to discourage participants from taking advantage of them. **Roosevelt University will not undertake legal or financial responsibility for the participant when he/she is traveling or participating in student activities during the course of university programs, whether for academic credit or not. In the absence of gross negligence, the participant agrees to assume risks in this activity that may cause property damage or loss, personal or bodily injury, including death, medical costs and other consequential losses that may arise during participation in the Program or Activity. If the Participant experiences wrongful sexual contact or criminal assault, the matter should be immediately reported to the local police in the country where the student is at that time and to the local study abroad program's director and to the Roosevelt University's Office of International Programs for assistance.**

It is understood and agreed that all students are considered adults, and are expected to take responsibility for their actions while taking part in the Program. As an adult, any activities that a student takes part in, whether as part of or separate from the Program, will be considered to have been engaged in with their approval and understanding of the risks involved. Students under 18 and/or considered dependents of their parents or guardians are responsible for giving all background and other relevant program information to their parents or guardians.

No supplementary travel outside the country in which the overseas program is based is permissible without advance written notification to the Study Abroad program's local director. It is understood and agreed that if the student elects to remain at the location of the Program overseas or elsewhere after or before participation in the Program, ROOSEVELT UNIVERSITY will cease to act as a sponsor for the student. Should the student drop out of the Program voluntarily or involuntarily, ROOSEVELT UNIVERSITY will cease to act as sponsor for the student thereafter.

This release is prepared in accordance with, and governed by, the laws of the State of Illinois. The terms of this Assumption of Risk and Liability Release are required as a condition of participation in the STUDY ABROAD program. Further, it is required that students who have permission to leave the program country report their travel plans in writing to their program director before departure. This is essential so students can be reached in case of an emergency.

RELEASE OF LIABILITY: In the absence of gross negligence on the part of the released party, I hereby release ROOSEVELT UNIVERSITY and any cooperating institution, and their respective officers, trustees, employees and agents, from any and all claims and causes of action for damage to or loss of property, medical or hospital care, personal illness or injury, emotional distress, or death arising out of any travel or activity conducted by or under the control of ROOSEVELT UNIVERSITY or cooperating institution.
I have read current State Department Travel Warnings relevant to areas in which I may travel

Terms Accepted by:

Signature of Participating Student

Date

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian (if applicable)

PARENTAL SIGNATURE REQUIRED OF PARTICIPANT IF UNDER 18 YEARS OF AGE OR DEPENDENT ON PARENT(S).

StudyAbroad/1-2004

Roosevelt University

ACCEPTANCE OF PRACTICAL LIMITATIONS

Participants acknowledge and agree that Program sponsors and Roosevelt University:

- a. Do not guarantee the safety of participants nor eliminate all risks from the study abroad environments.
- b. Cannot monitor or control all daily personal decisions, choices, and activities of individual participants.
- c. Cannot prevent participants from engaging in illegal, dangerous or unwise activities.
- d. Cannot assure that U.S. standards of due process will apply in overseas legal proceedings nor provide or pay for legal representation for participants.
- e. Do not assume responsibility for the actions of persons who are not employed or otherwise engaged by the program sponsor and its subcontractors, or for situations that may arise due to failure of a participant to disclose pertinent information.
- f. Cannot assure that home-country cultural values and norms will apply in the host country.

Terms accepted by:

Signature of Participating Student

Date

It is understood and agreed if a parent or guardian signs this form, he or she is signing on behalf of the participating student and he or she agrees to the terms hereof on the participating student's behalf.

Signature of Parent or Guardian
(if student is not of legal age)

Date

Printed Name of Parent or Guardian

Roosevelt University

PARTICIPANT'S HEALTH INFORMATION

Please return the completed statement to:

OFFICE of INTERNATIONAL PROGRAMS. ROOM 125 HCC

The participant must complete this form.

This form will help the Office of International Programs to address unusual situations should the need arise during your study abroad experience. Mild physical or psychological disorders may become serious under the stresses of studying abroad. It is important that the Office of International Programs be made aware of any medical or emotional problems, past or current, which might affect you in a study abroad context. The information provided will remain confidential and will be shared only if pertinent to your own health and safety.

Roosevelt University's Office of International Programs seeks to provide the best assistance to you should the need arise during your study abroad experience.

Participant's Name and R.U. I.D.:	Program and Location:
Date of Birth:	Term: Fall Summer Spring Year:

I, _____, certify that all responses made on this health form are true and accurate, and I will notify ROOSEVELT UNIVERSITY'S Office of International Programs of any relevant changes in my health that may occur before departure. I also acknowledge that I have health insurance coverage that is valid through the duration of the study abroad program and it has adequate coverage that will

pay for emergency and non-emergency expenses while studying abroad (please attach a copy of your health insurance card to this form).

Participant's signature:

Date: _____

Rev: 1/2004

Medical History (If necessary, please attach another sheet of paper.)

_____ Yes _____ No Are you generally in good physical condition?
(If no, please explain.) _____

_____ Yes _____ No Have you ever been treated or are you
Currently being treated for any
Psychological or emotional problems? (If
Yes, please explain.) _____

_____ Yes _____ No Do you have any allergies? (If yes, please
Explain.) _____

_____ Yes _____ No Are you taking any medications? (If yes,
Please explain and print the name of the
Medication.) _____

_____ Yes _____ No Have you had any major injuries, diseases,
or ailments in the past five years? (If yes,
please explain.) _____

_____ Yes _____ No Are you a vegetarian, or are you on a
restricted diet? (If yes, please explain.) _____

_____ Yes _____ No Is there any additional information
(concerning medical conditions or physical
Disabilities) that would be helpful for the
Program to know during your study abroad
Experience? (if yes, please explain.) _____
