



FLORIDA STATE UNIVERSITY

Student Name	<input type="text"/>	Student Group or Affiliation	<input type="text"/>			
FSUID	<input type="text"/>	Dates of Travel	Start	<input type="text"/>	End	<input type="text"/>

**ACKNOWLEDGEMENT OF RISK, VERIFICATION OF INSURANCE AND GENERAL RELEASE
FORM THIS IS A RELEASE OF LEGAL RIGHTS - READ AND UNDERSTAND BEFORE SIGNING**

Florida State University is understood to refer to Florida State University Board of Trustees, its President, Florida State University, (including its constituent colleges, schools and departments) and its officers, employees, agents, faculty, and instructors.

I am a student at Florida State University ("University") and have applied for and wish to participate in a University-sponsored program in a foreign country or countries (the "Program"). I have chosen to undertake the Program voluntarily. I was not required to travel to a foreign country or countries as a condition of receiving my degree from the University. This form confirms my understanding of and agreement to the following:

1. Risks of International Travel. I understand that participation in the Program and international travel involves risks not found in study at Florida State University campuses and facilities in the United States. These include, without limitation, risks involved in traveling to and within, and returning from, 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 country or countries to which I will travel may have health and safety standards that differ from those 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 in cities 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 Florida State University recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well-being. Although Florida State University may provide funding and administrative assistance for the Program, the University's evaluation of the Program has been solely on its academic merits. Among other things, Florida State University is not in the position to evaluate, and therefore has not evaluated, whether the Program will take place in a safe and secure environment. These are judgments that I recognize I must independently make. I hereby acknowledge that I have read and understood the information on the State Department website at: www.state.gov about the country or countries to which I am traveling, including the U.S. Department of State Consular Information Sheet and the State Department Travel Warnings and Alerts (if applicable). I have also reviewed the CDC health advisory information relating to travel abroad found at <http://www.cdc.gov/travel>.

For countries with U.S. State Department Warnings and Alerts, the following paragraph applies: I am aware that there is a current U.S. State Department warning or alert about one or more of the countries to which I am traveling, and I have read and understood this warning or alert. I acknowledge that I have knowingly and voluntarily decided to go forward with my travel plans in connection with the Program despite this warning or alert. I also have read and understood the U.S. Department of State Consular Information Sheet about the country or countries to which I am traveling (available on the State Department website at <http://travel.state.gov>).

2. Health Insurance; Medical Care. I understand that Florida State University requires that all students participating in FSU sponsored international travel must remain in compliance with a) FSU health insurance requirements for international experiences and b) remain in compliance with FSU health insurance requirements for enrollment. I understand that to meet the FSU health insurance requirements for international experiences, I have one of two options: 1). Be enrolled in the FSU health insurance plan offered through FSU University Health Services with enrollment continuing throughout the duration of my program/experience or 2). Purchase international health insurance through the university-approved international health insurance plan (through CISI for 2016). I understand that only the health plan through the FSU University Health Services or the approved international health insurance plan (through CISI for 2016) will be accepted to meet this requirement. I understand that I do not have the option to submit alternate health insurance coverage.

3. Standards of Conduct. I recognize that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations, and with Florida State University's policies for student conduct. I promise to act responsibly and will become informed of, and will abide by, all such laws, regulations and standards. I will comply with Florida State University's policies, standards and instructions for student behavior as detailed in the University's Student Handbook. I agree that Florida State University has the right to enforce the standards of conduct described above.

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

5. Release of Information: I consent to Florida State University staff communicating any significant issues (including, but not limited to educational, health, welfare, safety, and mental health issues) that could prevent successful completion of the program, or adversely affect my well-being, to my emergency contact, or my parent or guardian (if I am under 21 years old). Further, should I be in need of medical care during the Program, I give my consent for health care professionals to share any and all information relevant to my care with Florida State University faculty and staff for the purposes of medical care and treatment, with the understanding that this information will be shared on a need-to-know basis.

6. 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 Florida State University Board of Trustees, Florida State University, and its officers, directors, faculty, staff, representatives, 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, 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 ordinary or gross negligence.

7. Group Experience. Additionally, If I am traveling as a member of a Florida State University international group experience, having actual knowledge and conscious appreciation of the possibility of accident, illness, or injury to my person due to my participation in a program located outside the United States and the possible remoteness of the latest medical technology and equipment, do hereby consent and authorize Florida State University, acting by and through the Board of Trustees, the State Board of Education, its agents, faculty, and employees involved in and working with the international group experience, full authority in the event of an accident, illness, or injury to my person, to take whatever measures and action they consider necessary and warranted under the circumstances to protect, safeguard, and minimize further injury to my health and safety. I understand such actions may involve or require placing me in a hospital within or outside the United States for medical services and treatment, or, if no hospital is readily available, to place me in the care of a local physician for treatment. If deemed necessary or desirable, I authorize said University officials, faculty, and employees to transport me back to the United States by commercial airline or otherwise for medical treatment. I further agree any and all expenses incurred in rendering these services, whether placing me in a hospital, in the care of a physician, or transporting me back to the United States by commercial airline or otherwise, will be a debt and liability I am responsible for, and I agree to make immediate repayment, time being of the essence.

I consent that Florida State University may at any time terminate my participation in the international group experience for failure to maintain said University rules, regulations, instructions, and standards of conduct and behavior, or for any actions on my part considered to be incompatible with the interest, harmony, comfort, and welfare of other students, faculty, University employees, or nationals of the host country. In the event my participation in the international group experience is terminated before the end of the regularly scheduled experience because of a violation on my part of one or more of said University rules, regulations, instructions, and/or standards of conduct and behavior, I consent to being sent home at my own expense with no refund of fees.

I consent that due to the nature of the international group experience being organized, located, and taught in a foreign country, I expressly agree to accept in good faith the instructions and suggestions of the designated Team Leader (s) in all matters relating to the Program, standards of conduct, and personal behavior.

I certify that I am age 18 or older. I have carefully read and freely signed this Acknowledgement of Risk, Verification of Insurance and General Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the State of Florida (excluding its conflict of laws principles), which shall be the forum for any lawsuits filed under or incident to this agreement or the Program.

Signature Field

Date Field

Student Name (Printed)

First Emergency Contact Information

Second Emergency Contact Information

Name

Name

Relationship

Relationship

Address

Address

Address Line 2

Address Line 2

Phone Number

Phone Number

E-Mail:

E-Mail:

If Student is under age 18, the parent and/or legal guardian must sign below:

I, the undersigned parent and/or legal guardian of the Student listed above (the "Student"), do hereby consent to his or her participation in the Program. I, as the parent of the Student and on behalf of the Student, release, hold harmless and agree to indemnify Florida State University Board of Trustees, Florida State University, and its officers, directors, faculty, staff, representatives, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I or the Student may suffer, or for which the Student may be liable to any other person, related to the Student's participation in the Program (including periods in transit to or from the Student's destination), resulting from any cause, including but not limited to ordinary or gross negligence.

Signature Field Student

Date Field

Name (Printed)

Relationship:

Forward this signed document to the Faculty/Staff advisor for your international experience.