



COPPIN STATE
UNIVERSITY

Eagles Abroad:

Before you go.

Important policies, waivers, disclosures and other
forms to complete prior to your overseas study
program



COPPIN STATE UNIVERSITY

Dear Coppin Eagle;

Congratulations. You are about to embark on an educational experience that will be memorable and rewarding. As you prepare to study overseas, please make time to review the forms in this package as they regard safety, health and other important concerns.

Please complete and sign these forms, then return them to the faculty director of your program. All these completed forms must be on file with the university before you travel. Please make copies for your records.

Contents:

Form 1: Agreement to Comply with CSU Policies and Guidelines

Form 2: Agreement and Waiver of Claims

Form 3: Medical Self Assessment, Release and Insurance Information

Form 4: Permission to Disclose Information in Cases of Emergency

CSU Program: _____

Participant's Name: _____

Form I: Agreement to Comply with Policies and Guidelines

CSU Policies and Guidelines for Students Studying Abroad

Academic Expectations

Study abroad courses are academic programs with the same expectations as classes held at the campus of CSU. Participants in study abroad programs are referred to the CSU student handbook regarding the rules, policies, and code of conduct, including behavior off campus, which may subject them to judicial board actions.

The course syllabus will spell out the specific expectations for assignments, evaluations, and grades.

In addition, study abroad students are required to attend all classes and all excursions which are a part of the program itinerary. The only acceptable excuse for missing a class or an excursion is illness. It is the responsibility of the student to notify the Director of any illness prior to the start of the class or excursion.

Students must be punctual for classes, excursions and travel. If a participant misses a bus, airplane or train, (s)he will at his/her own expense seek out, contact and reach the program group at its next available destination. Missing activities or excursions may lower student grades or have other consequences.

Behavioral Expectations

Participants in a study abroad program are to behave as good ambassadors for CSU and for the nation.

Students abroad should understand that behaviors which seem inconsequential in the United States may have serious unforeseen implications overseas. Accordingly, students studying abroad are expected: to abide local laws, to dress appropriate to local norms, to be respectful of local etiquette for food and meals, to be cautious about local gender dynamics and to be respectful of local norms for relationships between youths and elders.

Alcohol abuse will not be tolerated. Participants must abide by the laws of the host country.

Participants will not –because of the effects of alcohol consumption- miss scheduled events, become ill, be disrespectful, destroy property, engage in objectively dangerous conduct, or engage in behavior that causes embarrassment to the other members of the group or to the in-country hosts.

Illegal drug use will not be tolerated. Students are bound by the laws of the host country, which could severely punish drug use or possession. The student alone must attend to any legal problems that (s)he encounters in the host country. CSU is not responsible for providing any assistance under such circumstances. Students who use illegal drugs will be dismissed from the program, with no credit awarded and no refund.

Certain activities carry unacceptable risks, so CSU can not condone them. Such activities include, but are not limited to: renting and operating a motor vehicle of any type (including mopeds), participating in political demonstrations, solitary travel, bungee jumping, scuba diving, rock climbing and hang gliding. Any student who intends to engage in any risky activity must sign a statement to the effect that they are doing so outside the auspices of the CSU study abroad program.

Dismissal and cancelation

By participating in the program a student consents to the authority of the program leader and CSU to send students home to the US early and/or to cancel a program. In consultation with the university, the program leader may opt to send students home in response to: criminal activity (arrest, drug use, physical or sexual assault, etc); inappropriate behavior (a continuing pattern of behavior that does not improve with advising and which endangers the program's relationship with the host institution or community; or behavior which is insensitive to other group members and or damages the group's moral); an emotional crises; a serious illness. In such instances, no refund or credit will be awarded to the participant.

The university may cancel the program in response to, but not limited to the following circumstances: death of a participant; kidnapping; outbreak of a highly infectious disease; natural disaster; a political or civic emergency; the death, serious injury or illness of the program director.

Health

Before going overseas, all students are required to be examined by a physician, who must determine the student is in good health and can participate in the program.

Students must consult their doctor about required/suggested immunizations and must obtain any required immunizations. The Center for Disease Control and Prevention provides useful guidance on health conditions and immunizations for travelers. (See <http://wwwnc.cdc.gov/travel/default.aspx>)

Student also should have a dental check-up before departure.

Note: Prior to traveling, all students must complete and submit the form entitled, "CSU Study Abroad Medical Self-assessment."

Mandatory Medical and Accident Insurance

CSU requires all program participants to have supplemental overseas health and accident insurance while participating on the program. (CSU also strongly advises that participants also maintain their US health insurance policy while overseas.)

The insurance must cover emergency medical care and treatment, hospitalization, physician charges in the host country, as well as insurance for medical evacuation and repatriation. The minimum allowable benefits are: up to \$250,000 per injury for medical expense benefits; \$75,000 for emergency medical evacuation; \$75,000 for repatriation; \$10,000 for accidental death and dismemberment.

Students are responsible for purchasing this overseas health and accident insurance. While CSU does not endorse any insurance provider, the following companies provide this type of insurance for travelers. Students should contact the companies directly for information:

- Seven Corners International Travel Medical Insurance
<https://www.sevencorners.com/insuranceplans/travelmedical/>
- CMI Insurance Specialists Health Insurance for U.S. Students Studying Abroad www.cmi-insurance.com
- International Educational Exchange Services www.foreignsure.com

Note: Prior to traveling, all participants must provide proof of coverage (copy of insurance card) to the university.

Independent Activities

Neither CSU, nor the program leader are responsible for any injury or loss a student participant may suffer when (s)he is traveling independently or is otherwise separated or absent from any program-sponsored activities.

If a participant becomes separated from the program group, misses a bus, airplane or train, or becomes sick or injured, (s)he will at his/her own expense seek out, contact and reach the program group at its next available destination.

If during free time, a student wishes to go somewhere outside of the scheduled itinerary, (s)he must let someone, preferably the program leader, know exactly where (s)he is going and when (s)he plans to return. Students should not go out alone.

Emergencies

Any circumstance that has endangered- or poses a genuine risk to- the safety and well being of the program participants is considered an emergency. Emergencies include, but are not limited to the following; assault (physical, sexual), robbery, accident, injuries, hospitalization, serious illness (physical or emotional), terrorist threat or attack, political crises, arrest or questioning, legal action.

Participants should immediately notify the program leader about the emergency. (The program leader is required to inform the university about the emergency, but all CSU parties will treat the information with the strictest confidentiality.)

CSU is bound by law (The Buckley Amendment) regarding the privacy of student records. Accordingly, students on CSU programs are asked to permit program staff to disclose information to students' families or to other designated persons in the case of emergency abroad. The form also allows students to affirm permission is not granted.

Note: Prior to travel, all participants are required to submit the form entitled, "Permission to Disclose Information to Families and Other Designated Persons in Cases of Emergency."

Agreement and Waiver of Claims

Note: Prior to travel, all participants are required to sign and submit the form entitled "Agreement and Waiver of Claims".

I have read, understood and agree to comply with the policies and guidelines stated above.

Name (print): _____

Signature: _____

Date: _____

Signature of Parent or Guardian (if participant is under 18): _____

Date: _____

Title and Dates of Program: _____

Form 2: Agreement and Waiver of Claims



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Agreement and Waiver of Claims

This Agreement and Waiver of Claims, hereinafter the "Agreement" is made by and between _____ (participant's full legal name), hereinafter the "Participant" and Coppin State University, hereinafter the University.

Whereas the University has approved a study abroad program, known as _____, hereinafter the "Program" and has an approved director for the program, hereinafter, the "Director"; and

Whereas, the undersigned Participant has been accepted to participate in the Program; and

Whereas, the University has established the following terms and conditions for participation in the Program; the Participant agrees that his/her participation in the Program is wholly voluntary. In consideration of the University's agreement to allow the Participant to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, the Participant agrees as follows:

1. **ACKNOWLEDGEMENT.** THE PARTICIPANT UNDERSTANDS THAT THIS AGREEMENT SETS FORTH ALL THE TERMS AND CONDITIONS FOR PARTICIPATION IN THE PROGRAM AND FURTHER UNDERSTANDS THAT THIS AGREEMENT CONTAINS A WAIVER OF CLAIMS AGAINST THE UNIVERSITY, THE BOARD OF REGENTS OF THE UNIVERSITY SYSTEM OF MARYLAND, THE STATE OF MARYLAND, THE DIRECTOR, AND THEIR RESPECTIVE AGENTS, SERVANTS AND EMPLOYEES. THE PARTICIPANT ACKNOWLEDGES, BY SIGNATURE BELOW, THAT (S)HE HAS READ THIS AGREEMENT AND WAIVER OF CLAIMS, THAT (S)HE UNDERSTANDS ITS TERMS AND CONDITIONS, THAT (S)HE AGREES TO ABIDE BY ITS TERMS AND CONDITIONS, AS AN EXPRESS CONDITION OF PARTICIPATION, AND THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS HAVE BEEN MADE REGARDING THE AGREEMENT AND WAIVER OF CLAIMS. PARTICIPANT FURTHER REPRESENTS THAT (S)HE IS AT LEAST 18-YEARS OF AGE AND FULLY COMPETENT TO SIGN THIS AGREEMENT.

2. **INDEPENDENT ACTIVITY**

- a. The University and the Director are not responsible for any injury or loss the Participant may suffer when (s) he is traveling independently or is otherwise separated or absent from program activities. Any independent activity or travel in which the Participant chooses to become involved outside of program activities overseen by the Director will be at the expense and risk of the participant.

3. COMPLIANCE WITH LAWS, RULES AND REGULATIONS

- a. The Participant shall comply with all rules, regulations, and standards of conduct established by the University and the Director, as well as the laws of the jurisdiction in which the program is located. In the event that a violation occurs, the University and the Director shall have no obligation to pay any expenses that the participant may incur as a consequence of the violation.
- b. The Participant understands that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. Participant will become informed of, and will abide by all such laws and standards, as well as the procedures for obtaining emergency health and law enforcement services in the locations (s)he will visit. Participant will attend to any legal problems (s)he encounters with any foreign nations or government of the host country. Neither the University, nor the Director, is responsible for providing any assistance under such circumstances.

4. Medical Condition

- a. The Participant represents that (s)he has been examined by a physician, that (s)he has provided the physician all relevant information about the project and that the physician has determined that (s)he is in good health, may travel as required for the purposes of participating in the Program, and has no apparent physical or mental condition which requires medical, surgical or other care or treatment or which will to a reasonable degree of medical probability, require such care or treatment during participation in the Program.

5. Health Insurance

- a. The Participant assumes responsibility for medical treatment and the costs of such treatment while participating on the Program. The Participant represents and warrants that (s)he will be covered throughout the Program and throughout his/her absence from the United States by a policy of medical health insurance, as well as for medical evacuation and repatriation. By his/her signature below, the Participant certifies that his/her health insurance policy will adequately cover him/her while outside the United States; and hereby releases and discharges the University and the Director of all responsibility and liability for any injuries, illnesses, claims, damages, charges, bills and/or expenses (s)he may incur while (s)he is abroad.

6. Waiver of Claims

- a. The University and the Director offer this Program to broaden the Participant's educational opportunities. The Participant understands that there are risks incident to traveling abroad in a foreign country, including but not limited to; foreign political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings and public places and conveyances; local medical and weather conditions. Participant understands and acknowledges that (s)he is aware of and understands the risks and dangers of travel to, from, in and around the host country including but not limited to the dangers to his/her own health and personal safety. Participant hereby assumes, knowingly and voluntarily, each of these risks and all of the other risks which could arise out of occur during his/her travel to, from, in and around the host country. The Participant further understands and agrees that the University, the Director, the

University System of Maryland, and the State of Maryland and their respective agents, servants and employees (collectively the "Releasees") shall not be liable for:

- i. Any injury, damage, accident or other loss caused by the acts or omissions of the Director, and employees or any person or entity providing services on behalf of the Program;
 - ii. Any injury, damage, accident, or other loss due to events beyond its control, including, but not limited to, acts of God, strikes, hostilities, weather, force majeure, ware quarantine, civil unrest, public health risks, criminal activity, terrorism, or politically motivated violence;
 - iii. Any delay or disruption of travel arrangements or any losses or expenses caused by such delay or disruption;
 - iv. Any injury, damage, accident or other loss that arises at a time when the Participant is not under the University's direct supervision or that are caused by the Participant's failure to remain under such supervision or to comply with rules, standards, and instructions; and
 - v. Any sickness, disease, injuries (including death), damage, accident or other loss occurring while traveling both in the United States and abroad.
- b. Participant individually and on behalf of his/her heirs, assigns, and personal representative(s), releases and forever discharges the Releasees from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature whatsoever, which arise out of, occur during or are in anyway related to any loss, damage, or injury, sustained by Student or caused to the Student's property, while participating in the Program or any travel incident thereto.

7. Governing law; forum.

- a. This Agreement shall be construed in accordance with the laws of the State of Maryland, which shall be the forum for any lawsuits filed incident to this Agreement or the Program. The terms of this Agreement shall be severable, such that if a court holds any term to be illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portion shall not be affected thereby.

By Coppin State University and the Director

(Participant signature and date)

(Witness signature and date)

(Witness signature and date)

Form 3: Medical Self-Assessment, Release and Insurance Information



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Medical Self-assessment and Release Form for Students Studying Abroad

- CSU requires a physical for all participants going abroad. (The university also strongly recommends a dental check-up).
- CSU requires all participants to have supplemental overseas health and accident insurance while you are participating on an overseas program. This insurance must provide coverage of emergency medical care and treatment, hospitalization, and physician charges in the country where the program takes place, as well as insurance for medical evacuation and repatriation. Suggested minimum benefits are as follows: Medical Expense Benefit up to \$250,000 per injury; Emergency Medical Evacuation \$75,000; Repatriation \$75,000; Accidental Death and Dismemberment \$100,000.

Name of participant: _____

US Address: _____

Telephone: _____

Student ID #: _____

Physician's name: _____

Telephone: _____

Date of physical: _____

If you have any medical or emotional problems, past or current, which you might affect you while abroad, please discuss these with your physician or mental health provider prior to departure.

If you will be taking any medication(s) during the program, please secure prescriptions or an adequate supply.

Insurance company name: _____ Policy Insurance #: _____

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The purpose of this form is to help CSU and the program director assist you should the need arise. The information provided will be shared only with program staff, faculty or university officials. *This information does not affect your admission into the program.*

Do you have any known allergies? (If so please give details).

Do you have any health conditions that would affect the treatment you should receive? (If so, please indicate the conditions/reactions).

Is there any medical condition or physical disability that you would like to discuss with a program advisor before studying abroad?

In the event of an emergency abroad, CSU may notify the emergency contacts designated on the Permission to Disclose form. In the event that I need medical care, hospitalization, or surgery while participating in the program, I understand that every effort will be made to contact the people listed on the form. In the case that these people cannot be reached or an immediate decision about care or treatment needs to be made, I authorize Coppin State University, through its representatives to secure any necessary treatment. CSU may, but is not obligated to, take any actions it considers to be warranted under the circumstances regarding my health and safety. If coverage is not provided through my insurance program, I understand that such treatment shall be solely at my expense, and I shall reimburse Coppin State University or its representatives for any expenses that they might incur on account of my condition or treatment. I release, discharge, indemnify and agree to hold harmless Coppin State University, its agents and employees from any liability which may result from authorizing any medical treatment and or/medication for me.

I certify that all responses on this Medical Self-Assessment and Release Form are true and accurate.

Signature of Participant _____

Date _____

Form 4: Permission to Disclose Information in Cases of Emergency



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CSU is bound by law (The Buckley Amendment) regarding the privacy of student records. Accordingly, students in CSU programs are given this opportunity to sign this release form which will allow program staff to disclose information to their families or to other designated persons in the case of a medical or other emergency abroad.

CSU Program: _____

Student Participant's Name: _____

Participant's Passport Number: _____

Participant's Date of Birth: _____; Gender: _____

US Address:

While participating in the program, I, _____, hereby permit CSU program staff to disclose information designated below to the individuals identified below.

(Signed) _____ (Date) _____

Designate the information you would want released by placing an X in the boxes below.

- Medical
- Health
- Accident
- Incarceration
- Emergency situation

1. Primary Contact Name: _____

a. Relationship: _____

b. Telephones:

(home) _____ (work) _____ (mobile) _____

c. E-mail: _____

d. Address: _____

2. Alternate Contact Name: _____
- a. Relationship: _____
 - b. Telephones:
(home) _____ (work) _____ (mobile) _____
 - c. E-mail: _____
 - d. Address: _____

Affirmation of Non Disclosure

While participating on the program, I, _____, DO NOT WANT program staff to disclose information covered by the Buckley Amendment.

(Signed) _____ (Date) _____