



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 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

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 part of or separate from the Program, will be considered to have been engaged 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 background and other relevant program information to their parents or guardians.

Printed Name of Parent Guardian (if applicable)

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 may affect your study abroad experience.

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 in 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
strict 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.) _____
