

STUDY ABROAD

Resident Director International Supplemental Insurance

Personal Information

Last Name: _____ First Name: _____

Gender: ___ Male ___ Female Date of birth (mm/dd/yyyy): ____/____/____

Employee ID#: _____ Ohio State Username: _____

Country of Citizenship: _____

Primary Email: _____ Secondary Email: _____

Mailing address: _____

Do you have a passport? ___ Yes ___ No

Passport Number: _____ Passport Expiration Date: ____/____/____

Emergency Contact (Name/Phone Number/Email) : _____

Program Information (to be completed by OIA Study Abroad Coordinator)

Overseas destination(s): _____

Departure date from U.S.: ____/____/____ Return date to U.S.: ____/____/____

Host Institution/organization (if applicable): _____

In-country Contact Information (email and/or cell): _____

Program name (SA ID): _____

Program number: _____

Please email completed form to your OIA Study Abroad Coordinator by _____ :

RELEASE OF ALL CLAIMS

As a condition of eligibility for participation in The Ohio State University International Travel Insurance Program or voluntary report of international independent academic activities traveling to (country/countries), I hereby agree to the following:

In consideration of being granted the opportunity to participate in this insurance program and have access to the services and/or facilities which may thereby be furnished by or made available by The Ohio State University as well as the help, assistance, or advisory services which may be rendered by employees of the University, I do release and forever discharge for myself and my heirs, executors, administrators and assigns, all officers, trustees, fellow members, employees, and agents of The Ohio State University who arranged, advised or supervised any portion of this activity, from all claims, demands, actions, and causes of action for personal injury or any other damage now existing or which may arise out of or be in any way related to their negligence or other conduct associated with this activity.

I understand that if I should violate the laws and regulations of any country visited as part of this travel experience, The Ohio State University may not be held liable for such conduct. I understand that if I should confront a personal legal problem, The Ohio State University cannot officially represent me or my legal interests in dealing with a foreign legal system; nor can the University assume any direct responsibility for the actions of a foreign government.

Date:

Signature:

Name:

(Please Print)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT OR SURGERY

During international travel, occasions may arise when sickness or accident require routine or emergency medical or surgical treatment. A physician or medical or surgical treatment facility often will require authorization to render necessary medical or surgical service, and to give reliable assurance that payment for such services will be made.

Accordingly, to the extent it is feasible for The Ohio State University to facilitate medical or surgical treatment which may be necessary during international travel, I authorize The Ohio State University and its agents and employees to exercise reasonable effort to obtain such medical and/or surgical services as may be needed. Also, I desire to assure Ohio State University that I will be responsible for any charges related to such services that may be arranged by the University, if medical insurance or other insurance provided hereunder does not fully cover all such charges.

THEREFORE,

1. I authorize The Ohio State University and any agent or employee thereof to arrange or facilitate the provision of such medical and/or surgical services as may seem to it necessary and proper during such time as I am travelling abroad. I authorize release of appropriate medical records to attending physicians.

2. I agree to pay such fees and charges as may result from such medical and/or surgical services and to reimburse Ohio State University, its agents and employees, for any fees or other expenses it or they might reasonably incur should it or they be required to pay any such fees or charges or other costs incidental to the providing of such services.

This authorization shall be effective during such time as I am engaged in travel covered by The Ohio State University International Travel Insurance Program.

Date:

Signature:

Name:

(Please Print)

