

Acknowledgement of Risk and Release for Spouse or Legal Dependent

I have read and understand the policies and conditions to travel as an accompanying spouse or minor legal dependent on a global education program offered through The Ohio State University.

I understand that there are certain risks associated with international travel and residence in a foreign country and that The Ohio State University and its staff cannot control these risks or guarantee my personal health and safety abroad.

I understand that I am required to purchase the GeoBlue supplemental insurance offered by The Ohio State University covering accident and sickness and emergency assistance, evacuation and repatriation. If I am ineligible for such coverage, I understand that I will need to demonstrate comparable medical coverage through GeoBlue. This coverage would not include evacuation, and I understand I would be responsible for any costs associated with an evacuation.

I understand that these risks may include exposure to potentially serious health and safety hazards, including but not limited to: transportation accidents; storms, floods, earthquakes, and other natural disasters; infectious diseases, inadequate medical care, or remote access to medical treatment; armed insurrections; and terrorist activities. I acknowledge that I may access website information for US Consular Information, as well as the Centers for Disease Control information and other resources available to me, on travel to, in, and around, my program site country.

I understand that political, social, and/or public health circumstances in a country can change quickly and that it may be necessary for The Ohio State University or other entities to cancel or suspend the program abroad for health, safety or other reasons at any time. I understand I am responsible for expenses I incur as a result. I understand that in the event of a program evacuation, the Resident Director is responsible for evacuating with the program participants. I agree to be responsible for my behavior while accompanying The Ohio State University staff on the program. I understand that I cannot represent The Ohio State University in any official capacity.

I agree that, if my conduct is determined to be detrimental to the best interests of the program, I will lose any privileges I may have been granted to accompany the program, and that I will not be allowed to have further contact with the Program participants or personnel of the host institution. The determination of inappropriate conduct is at the sole discretion of The Ohio State University program administration. Similarly, I agree to leave the program if requested to do so by the University program administration and/or officials of the partner institution, and, in such a case, I will take responsibility for all costs and arrangements for such relocation and/or return to the U.S.

I understand and hereby acknowledge that I assume all risks incurred by my travel as an accompanying spouse or minor legal dependent on a program abroad.

Authorization for Emergency Medical Treatment or Surgery

I understand that during the program abroad occasions may arise when sickness or accident require routine or emergency medical or surgical treatment.

I further understand that a physician or medical or surgical treatment facility often will require that some adult person be in a position to give an authorization to render the medical or surgical service, and to give reliable assurance that payment for such services will be made.

Accordingly, to help assure that I am not precluded from receiving needed treatment, I authorize The Ohio State University and its agents and employees to obtain needed medical and surgical services on my behalf. I assure The Ohio State University that I will see to it that the charges for such services that may be arranged for by the University, or its Resident Director, will be at my own expense.

1. I authorize The Ohio State University and any agent or employee thereof to provide or arrange for the provision of such medical and surgical services as may seem to it necessary and proper during such time as I am accompanying the program abroad. I also authorize release of appropriate medical records to attending physicians.
2. I agree to pay such fees and charges as may result from the provision of such medical and 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 accompanying The Ohio State University program abroad.

Release of All Claims

In consideration of being granted the opportunity to accompany an Ohio State program abroad, 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 the scheduling, travel, or any other function of this activity, from all claims, demands, actions, and causes of action for personal injury or 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 Ohio State assume any direct responsibility for the actions of a foreign government.

Please complete the following fields as relevant:

Program name:	
Term:	
Printed name of individual being accompanied:	
Printed name of spouse or legal dependent:	
For minor legal dependents, printed name of parent/guardian:	
For minor legal dependents, signature of guardian:	
Signature for spouse or other accompanying adult:	
Date of signature:	
Email:	