

STATE UNIVERSITY OF NEW YORK
ESF International Program/ Course/Activity

Participant Information

Please type information directly into forms. **Submit with a copy of your passport, visa (if applicable), flight itinerary (if booking individual arrangements), and proof of international health insurance with medical evacuation and repatriation coverage.**

For Participants in State University of New York Administered Overseas Academic Course, Program, or Project.

Full Name			
	Last Name	First Name	Middle Name
SU ID#		Birth Date (mm/dd/yyyy)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Email		Cell Phone	Home Phone
Immigration Status	<input type="checkbox"/> US Citizen <input type="checkbox"/> F-1 <input type="checkbox"/> J-1		Degree Level at Time of Program Participation: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Other: _____		
Program of Study			
Local Address	Street Address		Apt/ Unit #
	City		State/Province
			Zip Code

SUNY-ESF OFF-CAMPUS PROGRAM INFORMATION

Off-Campus Course Number and Name		Instructor(s):	
Program Location(s) (City & Country)		Program Start Date:	
		Program End Date:	
Registration Term	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Winter <input type="checkbox"/> Other:	How many credits is the experience registered for?	

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ESF International Program/Course /Activity

AGREEMENT AND RELEASE

I understand and hereby acknowledge that my participation in the program is wholly voluntary. In consideration of SUNY's agreement to permit me to participate in the program, by my signature below after item G., I agree to and acknowledge the following:

A. Acknowledgment and Acceptance of Risk:

I acknowledge that my participation in the program is voluntary, that there are inherent risks involved in program participation, and that I assume those risks.

I release SUNY, its officers, trustees, employees, and agents from any and all liability, damage or claim of to damages to or loss of my property, personal illness or injury, or death to me while I participate in this program.

By voluntarily participating in the program, I freely assume any risk associated with or arising out of traveling, studying, conducting research, engaging in community service, participating in activities, and living abroad.

I have, as advised by the program's acceptance materials, reviewed the U.S. Consular Information Sheets and Travel Warnings [contained on the U.S. Department of State Consular Affairs web site] and the Travelers Health section of the Centers for Disease Control and Prevention's web site, and by those means, been informed of such risks. I have diligently endeavored to learn about the country or countries and specific locations within those countries I will visit so as to be aware of the health and safety risks that I may face. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks that could arise out of or occur during my travel to, from, in or around the country in which this program is located.

B. Independent Travel and Operation of Vehicles:

I understand and agree that (1) prior to the start of the program, (2) during free time within the period of the program, and (3) after the program ending date; I may elect to travel independently at my own expense. I understand that I shall be solely responsible for any such travel and any activities in which I participate during any free time. I understand that *SUNY* strongly discourages students from renting or operating vehicles while participating in the program. I understand that poor road conditions, different traffic laws and regulations, and varying insurance requirements can make driving motor vehicles in foreign countries extremely hazardous and is not recommended by the *SUNY*. If I rent or operate a vehicle, while participating in the program, I agree that such activity is totally voluntary on my part and against *SUNY*'s advice.

C. Release and Indemnification:

To the extent permitted by law, I, individually and on the part of my heirs, successors, assigns, and personal representatives, hereby agree not to sue *SUNY* any of its employees, agents, officers, trustees, or representatives in either their official or individual capacity ("Releasees") and release the Releasees and each of them from any and all liabilities, claims, demands, actions, cause of actions, costs, and expenses of any nature whatsoever which I may have due to any loss, damage, or injury, including death, that I may sustain, or to any property belonging to me, arising from my participation in the program or while traveling to, from, or around the program, or while upon the premises where the program is being conducted.

I agree to indemnify and hold harmless the Releasees from and against any claims, suits, causes of action, loss, liability, damage or costs, including court cost and attorneys' fees, and fees to enforce this Agreement, that the Releasees may incur arising from my involvement in the program.

D. Insurance:

I acknowledge that I have/will obtain, and am responsible for paying for, comprehensive accident and medical insurance coverage as required by *SUNY* in order to participate in the program. This insurance will provide coverage for injuries and illnesses I sustain or experience while traveling to, from, or around or while attending the program, and, more specifically, in the country where I will be living and/or traveling while on the program. This coverage is required to last for the duration of my participation in the program, as well as pre- and post- program travel (if I arrange for such with the insurer), and I am responsible to pay expenses not covered by insurance, as well as any expenses that will later be reimbursed by the insurance carrier.

I further acknowledge that *SUNY* requires that participants planning to operate a motor vehicle while overseas obtain liability and collision insurance that will cover them in applicable foreign countries.

I understand that *SUNY* also recommends that participants in the program insure their property from loss and theft.

E. Requisite Vaccinations:

As advised by the program's acceptance materials, or the Travelers Health section of the Centers for Disease Control and Prevention's internet page, or my doctor I have ascertained the recommended vaccinations and medications for the area I will be traveling to and I am solely responsible for securing any necessary immunizations prior to departure and for obtaining recommended or required medications needed while abroad.

F. Program Changes:

I understand and agree that, although *SUNY* will attempt to maintain the program as described in publications and brochures, *SUNY* reserves the right to change the program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that neither *SUNY*, its trustees, employees, or agents shall be responsible or liable for any expenses or losses that I may sustain because of these changes.

SUNY reserves the right to cancel the program or any aspect thereof prior to, or after, departure. If cancellation of the program or an aspect thereof occurs after departure, *SUNY* may require that *all participants* return to the United States, prior to completion of the program. In the event that a program is cancelled after the start of the program, *SUNY* will refund only uncommitted and recoverable funds.

I agree that any deviation from the design of the program's content or format must be approved by *SUNY*.

G. Applicable Laws, Regulations, and Policies Regarding Conduct and Removal from the Program:

I understand that while I participate in the program, I am subject to the regulations, code of conduct, and guidelines of

- 1) my home institution of which I am a matriculating student and to which the study abroad credits will transfer,
- 2) the *SUNY* administering campus through which I am participating in this program if different from the home institution,
- 3) the host institution where I will be temporarily enrolled for a term or set length of time,
- 4) a provider on a contract with the State University of New York,

as well as the laws of the United States of America, the State of New York, the host country and any other country where I may travel or stay. I agree to obey these rules, guidelines, regulations, codes, policies and laws.

SUNY reserves the right to decline; to accept; or to retain me in the program at any time should my actions or general behavior impede the operation of the program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of SUNY or the host institution, or the laws of the host country or any country where I may travel or where I stay, I understand that I may be required to leave the program at the sole discretion of SUNY's employees, agents and representatives, I may be referred to the appropriate SUNY officials for further disciplinary or other action, and I may be banned from program property. In such an event, no refund will be made for any portion of the program and I will return to the United States at my own expense.

I understand and acknowledge that the manufacture, distribution, possession, use or sale of controlled substances as defined by New York State and/or federal law, and/or the laws of the host country or other country where I visit is prohibited during the program. I understand that I will be directly subject to the laws and legal procedures of the respective foreign country and host institution as applied to the use, possession and distribution of illegal drugs, and these will be strictly enforced by local authorities. Furthermore, I understand and acknowledge that I am solely responsible for ascertaining the lawful age for the possession or consumption of alcoholic beverages in the respective country and for my conduct in compliance with local laws as enforced by local authorities. I understand that, even if I am of lawful age for consumption thereof, abuse of alcohol even in my free time may be grounds for my dismissal from the program.

H. Financial Obligations:

I am aware of the nature and the cost of the program. I agree to pay the Program Fees, Tuition, Differential, or other charges specified on the program budget or Estimate of Costs that I received with my offer of admission and will guarantee that all financial obligations be met by the deadline(s) specified on the bill statement. If I am a financial aid recipient, I will submit all documentation required by my home campus's Financial Aid Office and will either remit any balance remaining by the payment deadline(s) or arrange for a deferral of payment with the appropriate offices.

I understand and acknowledge that if I withdraw before the start of the program I will be responsible for paying any part of those costs that cannot be recovered by SUNY or that SUNY may still be required to pay on my behalf. If I withdraw from the program after its starting date, I will not expect to receive a refund of any program fees, differentials, or other charges and, depending on the rules of the host university, may not receive a refund of SUNY tuition. I may also be obligated to repay any financial aid awards that I received in support of my participation in the program.

I understand that my failure to pay all financial obligations to the respective SUNY institution will result in the withholding of my academic transcript regardless of whether the billing campus is my home institution. Under 8 NYCRR §302.1(f), any SUNY institution may withhold a transcript of a student who has a debt owed to another SUNY institution.

This *Agreement/Release Form* remains effective until my relationship with SUNY is terminated, judicial actions resolved, financial accounts are settled, and grades recorded, with the exception of the Photo Release Waiver below.

I agree that the terms of this *Agreement/Release Form* are to be construed under the laws of the State of New York, and that if any portion thereof is held invalid, the balance thereof shall, notwithstanding, continue in full legal force and effect. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

I hereby acknowledge that I have read, understand, and will abide by each of the terms and conditions of this *Agreement/Release Form* and terms of participation.

Student's Signature: _____ Date: _____

Student's Full Name (*Printed*): _____

Parent or Guardian's Signature (*If under age 18*): _____

Photo Release Waiver

I give permission for photographs of me and statements by me to be used in publicity materials.

I give my consent for *SUNY*, the host institution I attend, and agencies, organizations, and individuals cooperating with *SUNY* in the administration of the program to use images of me or written statements from me in promotional and informational materials. I hereby irrevocably authorize *SUNY* to copy, publish, exhibit or distribute in any legal manner, any and all images, videos, audio recordings and electronic or digital recordings in which my likeness appears. I further waive any right to inspect or approve any advertisement, publication or information piece in which my likeness appears. I hold *SUNY* harmless and release and discharge *SUNY*, its employees and agents, from any claims, demands, or causes of action which I, my heirs, representatives, executors, administrators or other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Student's Signature: _____ Date: _____

Student's Full Name (*Printed*): _____

Parent or Guardian's Signature (*If under age 18*): _____

Records Release

In accordance with the provisions of the federal Family Educational Rights and Privacy Act of 1974 ("FERPA"), in connection with my participation in the program indicated above, I hereby authorize all relevant offices, officers, agents, and employees of the State University of New York, the host institution, program provider(s), as well as representatives of my insurance providers ("Organizations") to communicate with each other and with my parents, guardian(s) or Emergency Contacts and exchange any of my academic or financial information deemed appropriate to ensure the safe and efficient management of the program and my participation in it.

For violations or alleged violations of a conduct code of any Organization, I hereby authorize all offices, officers, agents, and employees of the Organizations, as well as the home institutions of other students on the program or on related programs alleged to be involved in the conduct violation or alleged conduct violation either as an accused/respondent or as a victim/reporting individual to communicate with each other and with my parents, guardian(s) or Emergency Contacts and exchange any information related to my participation in the program deemed appropriate to ensure the safe and efficient management of the program.

I understand that copies of the academic records submitted as part of my application or acceptance procedures may be provided to the program staff in the host country or the host institution that I will attend and, though we request that all records be kept in the strictest confidence, once sent, these records will be subject to the laws of the country where they reside. I waive any requirement that I be furnished a copy of these records prior to or concurrent with their release.

Student's Signature: _____ Date: _____

Student's Full Name (*Printed*): _____

Parent or Guardian's Signature (*If under age 18*): _____

To the Student: The information provided will remain confidential. Be aware, though SUNY and the organization hosting you overseas will try to provide assistance, you will be responsible for your own care. Please be honest with yourself and prepare accordingly. The questions that follow will help guide you in preparing for your stay abroad. Indicating that you have health concerns may allow us to assist you in determining if you are prepared to go and can receive appropriate treatment.

<p>1. Do you have or have you had any physical, psychological or emotional conditions (including eating disorders), that might require treatment abroad, or that might be exacerbated by the stress caused by changes in culture, climate, diet or exercise? If yes, explain below and plan to see your health care provider to discuss your care.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>2. Have you arranged to receive all the necessary immunizations and medications recommended for visiting the program site by reviewing information that:</p> <ul style="list-style-type: none"> * may have been provided by SUNY; * may have been provided by the program site; * is available on the US Center for Disease Control and Prevention website; and * may be available from the government of the countries you will enter? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>3. Do you have any allergies, reactions to medications, or dietary restrictions? If yes, consider what you may need to manage your condition or restrictions. If needed, see your health care provider for assistance in planning for your care. You may list any allergies or dietary restrictions below so we can inform overseas providers. However, SUNY can only inform and cannot ensure that you can be protected from exposure.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>4. Are you currently taking or have you recently discontinued any medications you may need while abroad? If yes, list medication name and purpose.</p> <p>Please consider how you will have access to the medication you need and consult with your physician to develop a plan for managing your condition while abroad. Depending on the medication, SUNY may request additional information.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>5. (Disclosure of disabilities is optional) Do you have a disability for which you are seeking accommodations? If yes, provide a description of desired accommodations. Please be aware that the Americans with Disabilities Act (ADA) does not apply outside the borders of the United States. The Administering Campus will assist you, to the extent possible, to obtain the accommodations you may want; however, it may not be able to obtain the accommodations necessary to enable you to participate in all aspects of the overseas program.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Person to notify in case of emergency, illness or accident:

Name: _____ Relationship to student: _____

Street/Apt #: _____ Daytime Telephone #: (____)_____

City, State, ZIP: _____ Evening Telephone #: (____)_____

E-mail Address: _____ Cell Telephone #: (____)_____

Second person in the event that the above cannot be reached:

Name: _____ Relationship to student: _____

Street/Apt #: _____ Daytime Telephone #: (____)_____

City, State, ZIP: _____ Evening Telephone #: (____)_____

E-mail Address: _____ Cell Telephone #: (____)_____

Student Declaration

I grant the State University of New York, its employees, agents and overseas partners permission to communicate concerning my health condition with program representatives, my family, insurance company representatives and with any physician, psychologist or counselor who treated me during the past five years or is now treating me. In situations where I am unable to give oral or written consent, I grant permission for hospitalization and treatment recommended and carried out under the supervision of a qualified physician, including administering anesthetics and performing necessary surgery at my own expense. I appoint the representative of SUNY in the host country for the program to act on my behalf in authorizing necessary medical, dental or surgical care, hospitalization or medical evacuation for me should this be required.

I certify that all responses made on this form are true and accurate, and that **I will notify the Administering Campus hereafter of any relevant changes in my health that occur prior to the start of and during the program.**

Student's Signature Date

Parent/Guardian's Signature (required if student is under 18 years of age) Date

If you answered yes to 1, or 4, or no to 2 please make an appointment with your health care provider to review your medical history and travel plans and have him/her sign below.

To the Treating Clinician: Please review the student's medical history, discuss with him/her the upcoming overseas study plans and sign below. A physical exam is not required by SUNY if you have adequate information to advise the student.

I have reviewed this student's medical history and examination with him/her, consulted with him/her about vaccinations and medications that may be required, and, if needed, developed a treatment plan for the student to manage his/her condition during the overseas program.

Signature of Provider Printed Name of Provider

Address and Phone Number of Provider

STATE UNIVERSITY OF NEW YORK
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STATEMENT OF INSURANCE

Full Name			ID #:	
	Last Name	First Name		

Health and accident insurance is **required** of all participants in State University of New York administered overseas academic courses, programs, or projects. It is strongly advised that you enroll in a policy that is designed especially for students studying or traveling abroad. Such a policy should minimally include overseas urgent and emergency medical care and accidental death and dismemberment coverage. Medical evacuation and repatriation coverage is also required. The coverage must be in effect for the entire period a student is away from home. International students with the SUNY HTH inbound student health insurance policy, must enroll in the outbound study abroad coverage for the duration of the international course/program. Students who do not have such coverage must purchase the insurance provided by SUNY **available at ESF's Cashier's Office (102 Bray Hall)**.

All off-campus course/program participants participating in a program more than 100 miles from your permanent residence in your home country are required to purchase insurance, as it includes evacuation for other than medical reasons. A complete description of the SUNY International Student and Scholar Health Insurance Plan is available online at www.haylor.com/student.

Please complete the following:

- I have purchased the SUNY Outbound Study Abroad Student Health Insurance Plan which includes both health and medical evacuation, and repatriation coverage.

Cashier's Signature

I, the undersigned, accept full responsibility for the maintenance of comprehensive health insurance including medical evacuation and repatriation coverage and costs associated with the plan and services/treatments.

Student's Signature Date

Parent/Guardian's Signature (required if student is under 18 years of age) Date