SDSU STUDENT INTERNATIONAL TRAVEL AGREEMENT
For Students Under 18

Program/Activity/Course Name: ____________________________________________________________

Faculty Leader/Advisor: ________________________________________________________________

Program Dates: __________ to __________ Does the program require overnight stay? _________

Participant’s Name: ____________________________ Red ID ________________________________

Participant’s Major____________________________________________________________________

Email Address: ______________________________

Participant’s Phone: __________________________ Cell# _________________________________

Participant’s in-country contact information (if studying independently)

--------------------------------------------------------------------------------------------

PERSON TO CONTACT IN EVENT OF EMERGENCY (parents or nearest relative)

Name: __________________________________________ Relationship: ________________________

Phone: home ( ) ___________________________ work/cell ( ) _______________________________

Name: __________________________________________ Relationship: ________________________

Phone: home ( ) ___________________________ work/cell ( ) _______________________________

I hereby enter into this SDSU Study Abroad Agreement and Release (Agreement and Release) as of
the date set forth beside my signature and agree to the following:

1. Orientation: I agree to complete the San Diego State University (University) pre-departure orientation
for the study abroad Activity (Activity) specified above, which will provide general information on health,
safety, security, specific legal exposures, or political restrictions; California State University (CSU), and
University policies for study abroad programs; and financial information. I further agree to attend all
orientation sessions conducted by the University or the program administrator at the site of the international
Activity.

2. Insurance:
Students must have University approved worldwide health and accident insurance in order to participate in
an international experience related to their studies at San Diego State University. This insurance must cover
the expenses of serious illness or accident, accidental death and dismemberment, emergency evacuation, and
repatriation of remain. Coverage of medical expenses resulting from an accident must be no less than
$50,000. You may use Kaiser, HealthNet, Blue Cross, etc., if your plan provides international medical/health
coverage and reimburses expenses for any emergency, illness, accident, or hospitalization that occurs while
you are out of the country. These policies must also cover loss of life abroad at $10,000 and loss of limb at
$5,000. If the policy does not cover the full cost of medical evacuation when authorized by an attending
physician for injury or sickness, including the cost of transport home (up to $10,000), you will need to
purchase supplemental emergency evacuation/repatriation of remains coverage.

Revised 5/9/2011
Please indicate (mark with an ‘X’) which insurance you plan to utilize while on your program abroad:

☐ Purchase SDSU’s comprehensive insurance coverage (medical/health, emergency evacuation, and repatriation of remains, provided through Renaissance Insurance Co.)

☐ Purchase the International Student Identity (ISIC) Card (Only for day trips to the Mexico Border Region)

☐ Purchase CSU Go Global Study Abroad Insurance

☐ Utilize a U.S. domestic policy (Blue Cross, Kaiser, or etc.) and purchase SDSU emergency evacuation/repatriation insurance through Renaissance Insurance Co. **Insurance Co. Name and Policy #:____________________________**

☐ Purchase other insurance that meets all requirements detailed above. **Insurance Company Name and Policy # or list Home Country National Insurance: ________________**

3. Assumption of Risk:
I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include, but are not limited to, physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or conditions at the Activity location(s).
Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from, and during the Activity.

I have reviewed U.S. State Department travel advisories and warnings (http://travel.state.gov), as well as Centers for Disease Control and Prevention announcements (www.cdc.gov) and other information provided to me by the University and freely assume any and all risks that may arise, concern, or relate to the conditions contained in any advisory statements, warnings, or other information available on the study abroad website at www.sdsu.edu/studyabroad. I also acknowledge that I am free to seek out any additional information I may desire before I choose to travel, study, and live abroad and should seek out additional information upon which to make an informed choice about whether to participate in such activities.

4. Release of Liability and Hold Harmless:
In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs, and representatives, I release from all liability and promise not to sue the State of California, the Trustees of The California State University, California State University, and San Diego State University and their employees, officers, directors, volunteers, and agents (collectively “University”) from any and all claims, including claims of the University’s negligence, resulting in any physical or physiological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from, and during the Activity.

I agree to hold the University harmless from any and all claims, including attorney’s fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from, and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.
5. Understanding and Acknowledgement:
I am under 18 years of age. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, and (c) assuming all risks of participating in this Activity, including travel to, from, and during the Activity. I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this three-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

NOW, THEREFORE, I EVIDENCE AGREEMENT TO THIS AGREEMENT AND RELEASE BY MY SIGNATURE BELOW:

By: ____________________________
Participant Signature

Printed Name

Date

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant’s behalf, (b) promising not to sue on my and the Participant’s behalf, (c) and assuming all risks of the Participant’s participation in this Activity, including travel to, from and during the Activity.

I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant’s Parent/Guardian

Date

Name of Minor Participant’s Parent/Guardian (print)

Minor Participant’s Name

Revised 5/9/2011