SDSU STUDENT INTERNATIONAL TRAVEL AGREEMENT
For Students 18 and Over

Program/Activity/Course Name: ________________________________________________________

Faculty Leader/Advisor: _____________________________________________________________

Program Dates: ____________ to ____________ Does the program require overnight stay? ________

Participant’s Name: _________________________________________________________________ Red ID Number _____________________

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 remains. 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.

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 Border Region)
☐ Purchase CSU Go Global Study Abroad Insurance

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☐ 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 another’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 18 years or older. 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 two-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

By: ____________________________
Participant Signature

Printed Name

Date

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