

APPLICATION PACKET FOR INTERNATIONAL COURSE

Please return completed application to Michelle Champoir (MLN10@case.edu) or Deborah Hawkins (dxh146@case.edu). You may drop off your application to Room TA200, School of Medicine (first floor, opposite main elevator), or mail it to Michelle Champoir, Department of Bioethics, Case Western Reserve University, 10900 Euclid Avenue, Cleveland OH 44106-4976. Please send your non-refundable \$250 deposit and all future payments to Deborah Hawkins at the same address. All checks or money orders must be made payable to Case Western Reserve University. We now accept MasterCard and Visa.

PROGRAM COURSE NAME:			
<i>Early application is recommended. Incomplete applications will not be considered.</i>			
PART I: STUDENT INFORMATION (please print)			
Last Name:		First Name:	Middle Initial:
<i>Please check preferred phone number you wish to be contacted at:</i> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other			
Home Phone #:		Cell Phone #:	Other #:
E-mail address:	Date of Birth (MM/DD/YYYY):	Case Student ID (7 digits):	Gender (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female
Address Information (please print) Check the address to which information should be sent.			
<input type="checkbox"/> Permanent Address (Street address):			
City:		State:	Zip Code:
<input type="checkbox"/> Current Address (Street address):			
City:		State:	Zip Code:
Academic Program (please print)			
Check one: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		Concentration:	
Undergraduate: (check one) <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior			
Major:		Name of Home University:	
Expected Graduation Year:		GPA:	

OFFICE USE ONLY

Date Received:	Date Entered:	Staff Initials
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Parent/Guardian Information <i>(please print)</i>		
Parent/Guardian Last Name:	Parent/Guardian First Name:	Middle Initial:
Parent/Guardian Street Address:		E-mail address:
City:	State:	Zip Code:
Parent/Guardian Home#:	Parent/Guardian Work#:	Parent/Guardian Cell#:

Student Passport Information *(please print)*

Do you have a passport? Yes No If "No," you must apply for one immediately!

List name below exactly as it appears or will appear on passport:

First:	Middle:	Last:
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Passport Number:	Expiration Date:
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If it is not a US passport, name of issuing country:

Please include a copy of the passport page with your picture and passport number. Your passport must be valid for six months after your departure date from the host country. If you already have a passport, double check the expiration date.

Program Relevance

1. Please indicate your reasons for applying to this particular program.

2. What on-campus or off-campus courses have you taken that are relevant to this program?

3. Have you ever traveled outside the United States? Yes No If "Yes," where have you been? Briefly describe any previous experience with travel or residence in other countries or other regions of the United States.

References			
Please list the names of (2) two references, including titles, phone numbers, and the duration of the relationships. References cannot be parents or legal guardians. One reference must be a current faculty member with whom you have taken a class; the other can be another faculty member or an administrator, coach, or staff member. For students entering college in the fall , one reference must be a high school faculty member with whom you have taken a class; the other can be another high school faculty member, coach, or administrator.			
Reference #1			
Last Name:	First Name:	Email Address:	
Relationship:	Length of time you have known this person:	Phone Number:	
Reference #2			
Last Name:	First Name:	Email Address:	
Relationship:	Length of time you have known this person:	Phone Number:	
Roommate Preference			
<i>Please note that we will make every effort to accommodate your roommate requests, but we cannot guarantee placement.</i>			
Language Fluency			
Do you speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what language(s)?			
Language	Fluency	Language	Fluency
Publication and Photo Release			
I give permission to the Department of Bioethics, Case Western Reserve University, to publish my image and identity in future publications – both printed and electronic – that may include, but are not limited to, newsletters, annual reports, fliers, brochures, posters, displays, facebook pages, e-mail lists, and websites related to the promotion and communication of the Department's educational institutional objectives. Please check yes or no and place your initials on the line. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (initials)			
Meeting/Phone Call with Program Director			
I have <u>met</u> or <u>spoken</u> with Michelle L. Champoir, Director of the International Education Programs, regarding my application to the program. <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please contact Michelle L. Champoir and set up a meeting or phone call (216-368-5377 or MLN10@case.edu). When are you scheduled to meet or speak with the Director? _____			
Signatures			
I certify that all information provided by me in this application, or otherwise in connection with my application for participation in this program, is factually true and complete. I will comply with all program requirements. I understand that if I am placed on disciplinary probation between the time of application and the international program, I may become ineligible for this program and cancellation penalties will apply.			
_____ Participant Signature			_____ Date



**Case Western Reserve University
 MEDICAL INFORMATION AND RELEASE FORM**

- You must complete and sign this form in order to participate -

DISCLOSURE			
<p>The Case Western Reserve University, Department of Bioethics, Short-Term Study Abroad Programs involve a variety of activities in settings that are generally unfamiliar to students. Study-abroad courses will place participants in new situations that may elicit new behaviors, anxiety, and new insights. One goal of such programs is to provide students with a new awareness about themselves as well as others. Participation in the program involves risks not found in on-campus study at Case Western Reserve University, which could include: risks associated with traveling; unfamiliar or different political, legal, social, and economic conditions; different standards of design, safety, and maintenance of buildings, public places, and conveyances; other situations that may differ from how things work at home. Some programs may involve specific activities, such as hiking, climbing, extensive walking, or other physical activities.</p> <p>The information gathered on this medical form is intended to help inform Case Western Reserve University faculty, staff, and program coordinators of any pre-existing health conditions, and to help determine whether consultation with your physician or other health professional is recommended prior to the program. If you have a pre-existing condition, participation in some programs or activities may not be recommended, and Case Western Reserve University may require approval from your health care provider. By signing this release, you are authorizing the sharing of this information with the Program Director and other Case Western Reserve University personnel, or personnel at your Home University, as necessary or appropriate.</p>			
Participant Signature _____			Date _____
I. REQUIRED INFORMATION <i>(please print)</i>			
Last Name:	First Name:	Middle Initial:	Gender (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (MM/DD/YYYY):	Social Security Number:	Height:	Weight:
Primary Care Physician:		Phone:	
<p><u>Health Insurance:</u> All participants are required to have health/accident insurance coverage. A copy of the card <u>MUST</u> be turned in with the application.</p>			
Name of Insurance Company:	Identification#:	Group#:	
Claims Address:	City, State, Zip:	Insurance Company Phone Number:	
Health Information			
<p>1. Has your physical activity been limited at any point in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes,” please explain below:</p>			

<p>2. Have you consulted or been treated by a health care professional, other than for a routine check-up, at any point in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes,” please explain below:</p>	
<p>3. Have you ever been hospitalized or had an acute physical or mental health condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes,” please explain below:</p>	
<p>4. Do you have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes,” please list:</p>	
<p>5. Are you taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes,” please list:</p>	
<p>6. Do you have any health/medical conditions that may affect you as a traveler? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes,” please provide specific details as to what measures you will take should you have a problem with a known health issue:</p>	
<p>7. Do you have a disability that will require accommodation during your participation in your chosen program? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes,” please explain below:</p>	
Other Health Information	
<p>1. Can you swim? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Date of last tetanus shot:</p>	
<p>3. Indicate your level of fitness (check one): <input type="checkbox"/> little or no exercise on a regular basis <input type="checkbox"/> occasional exercise, 1 or 2 times a week <input type="checkbox"/> vigorous exercise (e.g., 20 minutes of running, fast walking, or the equivalent) 3 times a week or more</p>	
II. AFFIRMATION	
<p>I affirm that the information that has been provided by me is accurate and complete. I understand that failure to disclose relevant information could affect my own safety and the safety of those around me, and I agree to indemnify and hold Case Western Reserve University and its trustees, officers, employees, agents, and representatives harmless from and against any and all claims, demands, actions, suits, and proceedings arising out of my failure to provide full disclosure.</p> <p>I have read and I understand this statement.</p>	
<p>_____</p> <p>Participant Signature</p>	<p>_____</p> <p>Date</p>
<p>_____</p> <p>Parent or Legal Guardian Signature(if participant is under 18 years of age)</p>	<p>_____</p> <p>Date</p>



III. EMERGENCY CONTACT INFORMATION			
Please complete all fields below, including phone numbers and e-mail addresses. Incomplete forms will be returned.			
Emergency Contact #1			
Emergency Contact Name:		Relationship to you:	E-mail:
Street Address:		City and State:	Zip Code:
Home#:	Cell #:	Work #:	
Emergency Contact #2			
Emergency Contact Name:		Relationship to you:	E-mail:
Street Address:		City and State:	Zip Code:
Home#:	Cell #:	Work #:	
<p>By signing your name below, you permit Case Western Reserve University to release information to the parent/guardian and/or alternate contact(s) you have indicated above. This information may include, but is not limited to, pre-departure information regarding the program, billing statements and other financial information, information regarding your whereabouts, and/or medical information as related to participation in the program. The University may make these disclosures for any purpose that it deems necessary or advisable in connection with the administration and operation of the program, including, without limitation, enforcement of the requirements for participation in the program.</p> <p>I permit Case Western Reserve University to release information to the persons I have indicated above.</p>			
_____		_____	
Participant Signature		Date	



Case Western Reserve University

FINANCIAL AGREEMENT FOR SHORT-TERM STUDY ABROAD

Case Western Reserve University ♦ International Education Programs ♦ Department of Bioethics
 10900 Euclid Avenue ♦ Cleveland, Ohio 44106-4976 ♦ Office: (216)368-5377 ♦ Fax: (216)368-8713

Please read each financial policy indicated below. Please initial each policy to indicate you have read and understand each policy:

Initials

_____ I understand that if I am accepted into the Short-Term Study Abroad program, I am required to submit a deposit and full payment by the assigned dates. If deposit and final payment are not made by these dates, I understand I will be terminated from the program. I may reapply to the program later if there is space available. **For winter break programs: the \$250 deposit is due at the time of application, and no later than October 1st; ½ the program fee is due by October 12th; the full program fee must be paid by December 1st. For spring break programs: the \$250 deposit is due at the time of application, and no later than December 1st; ½ the program fee is due by December 18th; the full program fee must be paid by February 15th. For summer break programs: the \$250 deposit is due at the time of application and no later than April 1st; ½ the program fee is also due by April 1st; the full program fee is due by April 15th.**

Initials

_____ I understand the **Deposit Refund Policy** that follows:
 I understand that I am responsible for the \$250 deposit upon applying to the program. I further understand that said deposit is not refundable. If the deposit is not turned in at time of application, I understand that I am responsible for submitting it, regardless of whether I withdraw from the program at a later date. If I voluntarily withdraw from the program, I may transfer the entire deposit to another program to which I am accepted within that same term, as long as the change to the alternate program is approved by the Director of International Education programs. If the change is not approved, I will lose the entire deposit. If I withdraw and do not transfer to another program during the same term, the \$250 fee will not be refunded. I understand that I must sign a withdrawal form in order to withdraw from a program.

Initials

_____ I understand **The Department of Bioethics, Short-Term Study Abroad Cancellation Policy** that follows:
 The Department of Bioethics at Case Western Reserve University reserves the right to cancel a program at any time for sufficient cause. In such cases, the \$250 deposit can be transferred to a different program for the same term when space is available. If The Department cancels a program and there is no other program available, or if I do not wish to transfer, the Department will refund the entire deposit to me, plus any additional fees I have paid to The Department toward the program.

Initials

_____ I understand the **Program Fee Adjustment Policy** that follows:
 All Short-Term Study Abroad program fees are estimated and are subject to change. Changes may be due to circumstances such as currency exchange rate changes, unforeseen fuel surcharges, and/or changes in enrollment that impact overall group pricing. As such, The Department of Bioethics at Case Western Reserve University will notify me of any additional program fee changes on or before 45 days prior to departure. I will pay these adjustment fees in full by the deadline date for the entire program fee.

Initials _____

I understand **The Department of Bioethics, Short-Term Study Abroad, Withdrawal and Refund Policy** that follows: If I choose to withdraw from a program, I must submit a signed withdrawal form, available online or at The Department of Bioethics. No refunds will be issued without this form. Withdrawals are effective the day the form reaches The Department of Bioethics at Case Western Reserve University.

If the withdrawal is effective 90 days prior to the final payment due date, my \$250 deposit (if previously paid) will not be refunded. If I have not paid the \$250 deposit, but have submitted an application, I will be billed for and am responsible to pay the \$250 non-refundable deposit to The Department of Bioethics at Case Western Reserve University. If I have paid additional amounts above the deposit, I will receive a refund of those amounts. All balances must be paid within 30 days of withdrawal from the program.

If the withdrawal is effective 60 to 89 days prior to the final payment due date (see paragraph one of financial agreement), I will be responsible for the greater amount: 30% of the program fee (including any adjustments as described in this financial agreement); OR the total of any travel-related arrangements made on my behalf. If I have previously paid fees in excess of this amount, the excess will be refunded to me. If I have not previously paid fees equal to this amount, The Department will apply amounts previously paid toward my obligation, and will bill me for the remaining amount due. All balances must be paid within 30 days of withdrawal from the program.

If the withdrawal is effective 30 to 59 days prior to the final payment due date (see paragraph one of the financial agreement), I will be responsible for the greater amount: 50% of the program fee (including any adjustments as described in this agreement); OR the total of any travel-related arrangements made on my behalf. If I have previously paid fees in excess of this amount, the excess will be refunded to me. If I have not previously paid fees equal to this amount, The Department will apply amounts previously paid toward my obligation, and will bill me for the remaining amount due. All balances must be paid within 30 days of withdrawal from the program.

If the withdrawal is effective less than 30 days prior to the final payment due date (see financial agreement), I will be responsible for 100% of the entire program fee (including any adjustments as described above). If I have previously paid fees in excess of this amount, the excess will be refunded to me. If I have not previously paid fees equal to this amount, The Department will apply amounts previously paid toward my obligation, and will bill me for the remaining amount due. All balances must be paid within 30 days of withdrawal from the program.

Student Information: (Please Print):

Last Name:	First Name:	Middle Initial:	
Local Street Address:	Local City, State, Zip:	Local Phone #:	
Course Program Name:	Home University (if not CWRU):	Case Student ID# (7 digits):	Gender (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female

Parent or Guardian Information

Last Name:	First Name:	Middle Initial:
Street Address:	City, State, Zip:	Phone(s) #:

My signature indicates that I have read, understand, and agree to the financial obligations listed above. I further understand that if payments are not made, a copy of this signed form will be sent to my parent or guardian, along with a demand for payment. I also understand that my account at Case Western Reserve University will be put on hold if I fail to meet any of the above payment requirements, and that any amount owed to The Department of Bioethics can and will be sent to an independent collection agency.

Participant Signature

Date

If participant is **under 18 years of age**, the Billing Parent/Legal Guardian Signature is required (Parent or legal guardian who receives Case Western Reserve University bills.)

I have read this release, thoroughly understand it, and have asked questions if I did not understand. My signature below indicates my complete and willful consent to my son/daughter/ward's participation in this program and my assumption of responsibility for all financial obligations in connection with the program. I understand that full payment of the program fee is required in order to participate in the program.

Signature of Parent/legal guardian or individual who receives Case Western Reserve University bills.

Parent or Legal Guardian Signature (if participant is under 18 years of age)

Date



**CONDITIONS FOR PARTICIPATION, ASSUMPTION OF RISK ACKNOWLEDGEMENT,
 and STATEMENT OF RESPONSIBILITY
 BIOETHICS SHORT-TERM STUDY ABROAD**

Participant Name

Program/Director Name

Please read carefully and provide necessary signatures.

1. **PROGRAM FEES:** As a participant in one of the Bioethics Short-Term Study Abroad Programs, I understand that I am accountable for all program fees. I acknowledge that all financial responsibilities associated with my tuition and program fees are to be paid in full on/or before the published deadlines of the program and the University. I understand that if I fail to make the deposit and full payments by the deadlines, I will be terminated from the program and will be financially responsible under the terms of the Financial Agreement. I have also read and agree to the deposit and full payment deadlines, Deposit Refund Policy, Cancellation Policy, Withdrawal and Refund Policy, and the Program Fee Adjustment Policy as outlined in the Financial Agreement.

2. **PERSONAL CONDUCT AND COMPLIANCE WITH RULES, REGULATIONS, AND LAWS:** The Bioethics Short-Term Study Abroad Programs and Case Western Reserve University, through its representatives, including but not limited to the Program Director, have the authority to establish rules of conduct necessary for the operation of the program during its entire period, including free time. I understand that this is a supervised Case Western Reserve University, Bioethics Short-Term Study Abroad program, and that all Case Western Reserve University policies and procedures, as well as the social and behavioral standards set by the University and by the Program Director, are to be observed. Failure to observe these standards will result in termination of my participation in the program and/or disciplinary sanctions. The illegal use of drugs during the entire period of the program, including free time, is strictly prohibited. Should a representative of the Case Western Reserve University, Bioethics Short-Term Study Abroad program decide that I must be dismissed from the program because of violation of the aforementioned requirements, disruptive behavior, or any conduct that might bring the program into disrepute or its participants into jeopardy, this decision will be final, and I will remain subject to any disciplinary sanctions that may be assessed in accordance with applicable University policies and procedures. In the event that I am dismissed and/or sent home for any reason while the program is in progress, I understand that I will return at my own expense with no refund of any portion of the program fee. Dismissal from the program will result in the loss of all academic credit for the program. I agree to respect and adhere to the laws and customs of the host location(s) and understand that violation of, or disrespect for, those laws and customs may result in my dismissal from the program as described above. Furthermore, I acknowledge that the violation of such laws and customs may have legal or other ramifications with consequences beyond the control of Case Western Reserve University and the U.S. Government.

3. **PROGRAM REQUIREMENTS:** I understand that I am required to satisfy all Program and Course pre-requisites, as outlined in the course description and syllabus, including attendance at all orientations, pre-departure meetings, and classes, as well as post-trip meetings and classes, if applicable.

4. **INSURANCE COVERAGE:** I understand that I am required to have accident and major medical insurance that covers me no matter where I am. I also understand that if I am enrolled in a Case Western Reserve University course, Bioethics Short-Term Study Abroad programs will enroll me in study abroad insurance through Case Western Reserve University that covers medical evacuation and repatriation of remains. I agree to read the study abroad insurance policy before I leave the country. If I am not enrolling in the course through Case Western Reserve University, but am participating in the Bioethics Study Abroad program, I am required and agree to purchase additional travel insurance that will cover emergency medical evacuation, repatriation, repatriation of mortal remains, hospital admission deposit, medical monitoring, and dispatch of doctor or specialist.

5. **MEDICAL TREATMENT:** I understand that all health, physical, physiological, or psychological conditions must be described on the Medical Information Sheet. I also understand that a failure to disclose information that might have an impact on my ability to participate fully in the program will be considered grounds for disciplinary action. I understand I will be responsible for my own health maintenance. In the event of a serious illness, accident, or emergency, I will inform an appropriate program official so that assistance may be secured and so that my designated emergency contact may be notified. In the event of illness or injury to me to such an extent that I am unable to make decisions relative to my immediate medical condition, I authorize any representative of Case Western Reserve University to secure medical treatment on my behalf, including, without limitation, surgery and administration of an anesthetic, I accept all financial responsibility for such treatment, and I release the University and its related parties from any responsibility or liability arising out of such actions to the extent provided in Paragraph 11 of this agreement. I forever discharge and release Case Western Reserve University, its trustees, officers, faculty, employees, and agents from any and all claims, damages, costs, and/or losses arising from my participation in this program and the related health risks associated with swine flu.

I understand that the Program Director(s) has/have the right to decide if, as a result of illness or injury, I should return home before the completion of the program. If I have to return home, I will be responsible for any additional costs not covered by the study abroad insurance. I understand there are risks of becoming infected with swine flu through my participation in the study abroad program. I understand the health risks associated with swine flu, and have voluntarily elected to continue with participation despite those risks. I also understand there are potential costs that I may be responsible for paying in the event I become ill from swine flu.

6. **RESPONSIBILITY DURING FREE TIME:** I understand that during free time, within the period of this program and after the period of the program, I may elect to travel independently at my own risk and expense. I agree to inform the Program Director(s) and or Program Coordinator of my travel plans, and understand that neither Case Western Reserve University nor its trustees, agents, officers, employees, or representatives are responsible for me while I am traveling independently during such free time.

7. **TRAVEL:** I understand that I am expected to travel with the group, roundtrip to and from Cleveland (if required by my specific program). Any specific individual arrangements must be approved by the Program Director before final ticketing. I understand that if independent travel arrangements are a requirement of my program, I will make those arrangements in a timely manner and communicate them to the Program Director before the program. If independent travel is part of the program and the program is cancelled as a result of an "act of God," I understand that I am responsible logistically and financially for my travel arrangements and alterations or cancellations that are necessary as a result of program cancellation. I understand that I will be traveling during the program by various modes of transportation, including but not limited to, airplane, train, bus, or van, and I release Case Western Reserve University and its related parties from any responsibility or liability arising out of such travel to the extent provided in Paragraph 11 of this agreement. If I become separated from the program group, fail to meet a departure during the program, or become sick or injured, I will seek out transportation at my own expense in order to meet up with the group at its next available destination. If I become sick and/or injured and am unable to continue the program, I understand that I may be asked to return home and will be responsible for the costs of so doing. Case Western Reserve may make changes to the program itinerary, including cancellation, at any time and for any reason. I will be responsible for any financial loss due to such cancellation or change. Case Western Reserve is not responsible for penalties assessed by air carriers, or any other associated costs based on operational and/or itinerary changes. If I travel independently and arrive after the start of the program, I am responsible for all academic consequences, such as lost class time and assignments. Case Western Reserve may substitute hotel accommodations or housing at any time. Specific room and housing assignments are within Case Western Reserve's sole discretion. Case Western Reserve, however, does not assume responsibility for the condition of any housing accommodations, and is not liable for any injuries or damages arising therefrom. I must confirm departure and arrival times and locations with the Program Director. I understand I am responsible for getting myself to the airport at the designated time prior to departure. I also understand that the transportation in a foreign country may not be as reliable or subject to the same safety standards as public carriers in the United States. I am responsible for my own personal belongings, and that my property is transported at my risk. Case Western Reserve is not responsible for travel delays or lost property. I understand that I am responsible for paying any airline baggage fees.

8. **UNFORESEEN CIRCUMSTANCES:** I recognize that in cases of political unrest, natural disaster, or other unforeseen events, a representative of Case Western Reserve University, Bioethics Short-Term Study Abroad Programs will attempt to take reasonable measures for the protection of program participants. I understand that Case Western Reserve University and its trustees, agents, officers, employees, and representatives assume no responsibility for damage to or loss of property, or for injury or death, arising due to such events.

9. **PASSPORT, VISA, and IMMUNIZATIONS:** I will supply the Bioethics Short-Term Study Abroad Program a copy of my passport with my application. In the event that I do not have a passport, at the time of application, I will supply a copy as soon as it is received. If I am required to have a visa for travel to the host location, I am responsible for securing that in a timely manner. I am responsible for all costs associated with securing a valid passport, visa, and any immunizations that might be recommended or required. If I fail to meet these requirements and, as a result, am unable to travel with the Program, I am responsible for all fees as designated in the Financial Agreement.

10. **ENROLLMENT:** I understand that the Bioethics Short-Term Study Abroad program reserves the right to establish the minimum and maximum enrollment for the program, establish selection procedures for enrollment, and cancel a program at any time.

11. **ASSUMPTION OF RISK, RELEASE, WAIVER, AND COVENANT NOT TO SUE:** I understand that travel to and from, presence at, and participation in programs at different locations, whether within or outside of the United States, involves risks of injury and property loss or damage, including possibly short-term and long-term disability, and even death. These risks can come from causes that are many and varied, may not be presently foreseeable, and may include negligent or intentional acts or omissions of others. Among other things, I understand that the social, cultural, political, religious, governmental, health care, legal (both civil and criminal), and other systems, as well as the climate and geophysical characteristics, of the program location(s) may be different from those to which I am accustomed. For example, police, fire and other governmental systems may be inadequate by United States standards in certain countries; the quality and availability of health care may be very different than what is typically available in the United States. I voluntarily acknowledge, accept, and assume all risks of my participation in the program, whether or not described above or otherwise presently foreseeable and whether or not caused by the negligent or intentional acts or omissions of others. In consideration of being allowed to participate in the program, I release Case Western Reserve University and its trustees, officers, employees, agents, and representatives from any and all claims, causes of action, and damages (collectively, "Claims") I may have in the future, waive all such Claims, and agree not to hold Case Western Reserve University or its trustees, officers, employees, agents, and representatives liable for any such Claims that may arise out of my participation in the program, including without limitation Claims resulting from the negligence of any of the aforementioned persons or entities. In the case of an emergency in which I cannot be reached, I authorize U.S. Embassies and Consulates to release information concerning my welfare and whereabouts to Case Western. In authorizing this release of information, I hereby waive 5 United States Code Section 522 (b) (8).

12. SPOUSES/PARTNERS AND CHILDREN: Case Western Reserve is not responsible for providing support for accompanying non-participants--i.e., spouses/partners and children, when such accompaniment is permitted. I am responsible for obtaining medical insurance for any accompanying non-participants. Such persons cannot attend classes or other activities formally associated with the program. If such a person disrupts the program, it may be grounds for my dismissal.

13. PASSPORT/ATM/CREDIT CARD: I am responsible for contacting both my bank and credit card company so that they know I will be overseas (I understand banks may become suspicious if large sums of money are transferred overseas and may stop my ability to access money, believing it to be in my best interest). I am responsible for confirming that my ATM card can be used internationally. I am responsible for bringing my Passport, ATM, and credit cards (as needed) and medical insurance information with me. I am responsible for having a copy of my passport to leave in a secure location in the host country, such as a hotel safe.

14. GOVERNING LAW: I understand that any dispute arising from this Statement will be determined according to Ohio Law.

15. MISCELLANEOUS: I understand and agree that this Agreement is to be as broad and inclusive as is permitted by the laws of the State of Ohio, and that if any portion of this Agreement is held invalid, the remaining terms shall continue in full force and effect. This Agreement and any obligations assumed by me in other forms or agreements related to the program are cumulative and shall not be deemed to supersede one another. This Agreement shall be binding upon me, as well as my successors, executors, personal representatives, heirs, and assigns.

I have read this Agreement, thoroughly understand it, and have asked questions if I did not understand. My signature below indicates my complete and willful consent.

Signatures

I have read this Agreement, thoroughly understand it, and have asked questions if I did not understand. My signature below indicates my complete and willful consent.

Participant Signature

Date

If participant is **under 18 years of age** the Billing Parent/Legal Guardian Signature is required (Parent or legal guardian who receives Case Western Reserve University bills).

I have read this release, thoroughly understand it, and have asked questions if I did not understand. My signature below indicates my complete and willful consent to my son/daughter/ward's participation in this program and my assumption of responsibility for all financial obligations in connection with the program. I understand that full payment of the program fee is required in order to participate in the program.

Signature of Parent/legal guardian or individual who receives Case Western Reserve University bills.

Parent or Legal Guardian Signature (if participant is under 18 years of age)

Date



CHECKLIST FOR ACCEPTED STUDENTS

Applicant Name:

Course Program Name:

In order to maintain your acceptance in the Short-Term Study Abroad program, you must complete, initial, and submit this checklist along with the required materials. Completing the requested forms and actions by the published deadlines is the responsibility of the individual planning to participate in the Bioethics Short-Term Study Abroad program. Failure to complete participant responsibilities - including paperwork and payments - by published deadlines will result in your being terminated from the program.

Please initial each item below to indicate completion, make a copy of all forms for your records, and submit this Checklist with your application.

Initials

- _____ 1. Application Form
- _____ 2. Medical Information and Release Form
- _____ 3. Emergency Contact
- _____ 4. Financial Agreement
- _____ 5. Conditions, Assumption of Risk Form, and Statement of Responsibility (requires parental signature if applicant is under 18)
- _____ 6. Statement of Responsibility
- _____ 7. Photocopy of your health insurance card
- _____ 8. **Photocopy of valid passport photo page, due with paperwork, unless you are in the process of applying for a passport.** All passports must be valid for 6 months after the trip. If you are in the process of obtaining or renewing a passport, please check here: . You must provide a copy of your new or renewed passport immediately. It is important to apply for your passport early, as the process can take up to 2 months.

Checks should be made payable to "Case Western Reserve University" and **indicate the program name on the memo line and your name if the check is not your own.** MasterCard and Visa may also be used to submit payments (see website for details). After the deposit has been received, the balance of the program fees will be due by the deadlines stated on the website (<http://www.case.edu/goabroad>). Any adjustments to the program fee will be determined and communicated as stated in the Financial Agreement. A student's entire balance must be paid in full in order to remain eligible for participation in a course and program.