

**ASSUMPTION OF RISK, RELEASE OF LIABILITY, LIMITED  
MEDICAL AUTHORIZATION, AGREEMENT TO CODE OF CONDUCT**

IDS 360 Contemporary Japan & Its Roots  
Presented by the Art Department and Humanities Department  
May 12 – 25, 2010

**Assumption of Risk and Release of Liability:** I recognize that participation in an international educational program entails certain risks to my property and person that, in rare circumstances, can be serious or even fatal. I freely assume those risks. I, for myself, my executors, administrators, heirs and assigns, waive any and all claims, rights, demands, causes of action and/or lawsuits against the College of Mount St. Joseph or its officers, faculty, staff, sponsors, students, employees, board and agents, both domestic and overseas, as well as their heirs or their estates (hereinafter, “MSJ”) of any kind for death, injury, loss, damage, accident, delay, irregularity, financial obligation or expense now existing or which may arise out of or be incurred in connection with my participation in the above-named program, including, without limitation, any related travel, circumstances or activities. Further, I agree that any claim I may bring shall be governed by the laws of the State of Ohio and shall be pursued only in the appropriate court of administrative agency within the State of Ohio. I understand that it is my responsibility to obtain medical insurance coverage before traveling overseas through my healthcare provider and, if requested, to provide evidence of such coverage to MSJ. I understand that it is my responsibility to understand the limitations of this coverage. I further acknowledge that I am free to purchase additional medical insurance if I so choose, and recognize that MSJ is not responsible for any uninsured loss.

**Medical Emergency:** In the event of an emergency in the view of the program faculty and/or College representative, I authorize the faculty of the program and/or College representative to take whatever action that, in their judgment, they deem warranted and appropriate regarding my health and safety, including, but not limited to, arranging for hospitalization or evaluation by any health care facility, consenting to medical treatment, and/or arranging for my transportation if deemed appropriate by the faculty and/or College representative. Further, I acknowledge and agree that neither this document, nor any actions taken by MSJ or its program faculty or representative, creates any special duty on the part of MSJ whatsoever, including, but not limited to, a special duty to control the conduct of a third person or otherwise prevent him or her from causing harm to me.

**Code of Conduct:** I hereby agree that I will be subject to the supervision and authority of the faculty members and/or agent(s) in charge; that the standards of conduct will be stipulated by the faculty members and/or agent(s) that I will meet; and that I will display maturity and responsibility as a representative of MSJ. I agree not to engage in potentially dangerous behavior, illegal activity, or activity that violates any MSJ policy, rule or regulation while participating in this program and/or its related activities. I also understand and agree that the faculty members and/or agent(s) in charge have the sole

authority to make decisions regarding my continued participation in the program and any disciplinary action they deem warranted.

I acknowledge that I have completed the application process for this experience, and am responsible for continuing non-refundable fee expenses, including, but not limited to airfare. Further, I have read and understand the procedures for admissions, registration, payment of fees, and all other applicable MSJ regulations, and will provide upon request information (including a health care provider's statement) about any medical problems I have that might affect my ability to fully participate in all course activities

I have carefully read the Assumption of Risk, Release of Liability, Limited Medical Authorization, Agreement to Code of Conduct ("Release"), have had time to fully consider it and consult with an attorney if desired, and understand its provisions. In consideration of my being permitted to participate in this MSJ program and for other valuable consideration, I hereby agree to this Release of my own free will.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**MEDICAL TREATMENT CONSENT FORM**

I, (the student) \_\_\_\_\_, authorize the employee(s) or agent(s) of the College of Mount St. Joseph to contact the person(s) named on this form directly, and do authorize physicians to render such treatment as they may consider necessary for my health.

In the event of an emergency in the view of the faculty of the program and/or College representative, I authorize the faculty and/or College representative to take whatever action that, in their judgment, they deem warranted and appropriate regarding my health and safety, including, but not limited to, arranging for hospitalization or evaluation by any health care facility, consenting to medical treatment, and/or arranging for my transportation if deemed appropriate by the faculty and/or College representative. Further, I acknowledge and agree that neither this document, nor any actions taken by MSJ or its program faculty or College representative in connection with any such medical emergency, creates any special duty on the part of MSJ whatsoever, including, but not limited to, a special duty to control the conduct of a third person or otherwise prevent him or her from causing harm to me.

**List name of Parent/Legal Guardian who you would like us to attempt to reach regarding treatment in an emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_

**Medical Insurance Information:**

Primary Health Insurance Company: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Address: \_\_\_\_\_  
Subscriber's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

Secondary Health Insurance Company: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Address: \_\_\_\_\_  
Subscriber's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

I have provided a copy of my medical insurance card to the instructors.

**Signature of Student:**

\_\_\_\_\_ **Date:** \_\_\_\_\_