

CISI Enrollment Form

EDUCATION ABROAD OFFICE EMERGENCY INSURANCE UNIVERSITY OF SOUTH FLORIDA

Purpose of Visit (e.g. research, field work, internship, volunteer program): _____

USF Sponsoring Unit: _____

Contact Name: _____ Contact Number: _____

Countries Visiting _____

Fall Semester Spring Semester Summer Term Academic Year Spring Break

Date of Departure _____ Date of Return _____

Name: _____
(Last) (First) (Middle Name)

U Number: U _____ Social Security Number: _____ (Non USF Students only)

Date of Birth: _____ MM/DD/YY Gender: M ___ F ___ Ethnicity: _____ (Optional)

Email(s): _____ (Primary) _____ (Secondary)

Home Phone (_____) _____ Cell Phone (_____) _____ Other Phone (_____) _____

Current Address: _____
(Street) (City) (State) (Zip)

I will remain at this address until the following date: _____

Permanent Address: _____
(Street) (City) (State) (Zip)

Emergency Contact Person (Person to whom USF may release information during your absence)

I understand that by checking this box, I authorize the release of any information to my emergency contact

Name: _____ Relationship: _____

Address: _____

Phone: (_____) _____ Cell Phone: (_____) _____

E-mail: _____

Are you degree seeking at USF? Yes No If yes, which campus _____

Name of institution if other than USF: _____

Academic Level anticipated at the start of your foreign program:

Freshman Sophomore Junior Senior Masters Doctoral Good Academic standing: Yes No

Present major (if declared) _____ Present minor (if declared) _____

U.S Citizen: Yes No Permanent Resident: Yes No

Country of Citizenship if not US: _____

Veteran: Yes No

Passport Number: _____ Valid Until: _____

The USF Education Abroad Office will arrange for basic health and accident, plus emergency medical coverage for you while you are out of the country, on a USF-sanctioned program of study or research. The cost is currently \$50 per month. You will receive a brochure explaining the coverage and the deductible. Please read the brochure before departure.

PLEASE RETURN COMPLETED FORM TO:

Barbara Pickett
EDUCATION ABROAD OFFICE
UNIVERSITY OF SOUTH FLORIDA
4202 EAST FOWLER AVENUE, CPR 107
TAMPA, FLORIDA 33620-5550
Tel: (813) 974-4314
Fax: (813) 974-4613

OFFICE USE ONLY:

Enrollment Form Emailed to CISI on _____
(Date)

Fee of _____ paid. Date: _____

Comments:

**RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK
USF STUDY ABROAD PROGRAM:**

BEGINNING AND ENDING DATES OF PROGRAM: _____

I am aware of the unstable world conditions which might require changes in the program schedule or might cause inconvenience or even harm to me as it might to other travelers who go abroad, including but not limited to the hazards of various modes of transportation, forces of nature, acts or omissions of foreign governments, terrorism, war and insurrection and illness.

In consideration of the permission granted by the University of South Florida to participate in the above program, I hereby assume the risk of inconvenience and harm and release the State of Florida, the State Board of Education, The Florida Board of Education, the University of South Florida Board of Trustees and the University of South Florida, as well as the agents, employees, and members of the aforementioned from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators or assigns may have against any and all of the aforementioned for any and all personal injuries known or unknown which I have or may incur by participation in the above stated program and for all damages to my property.

By registering to participate in this program, I certify that I am physically and emotionally capable of full participation. I realize that I am responsible for any injuries to persons or property that may be incurred as a result of my participation in this program.

USF has the authority to establish rules of conduct necessary for the operation of the program during the entire periods of the program, including free time. The use of illegal drugs during the entire period of the programs is strictly prohibited. Should an official representative of USF decide that a participant must be separated from the program because of violation of stated rules, for disruptive behavior, or for any conduct that might bring the program to disrepute or its participants into legal jeopardy, that decision will be final. **Separation from the program will result in the loss of all academic credit. Persons dismissed from the program will remain responsible for all program costs incurred on their behalf.**

The undersigned acknowledges and understands that in the event he/she becomes detached from the group, fails to meet a departure bus or train, or becomes sick or injured, the undersigned will bear all financial responsibility to seek our contact, and reach the group at its next available destination; and, the undersigned understands that he/she shall bear all costs attendant to contacting and reaching the program site.

I expressly agree that the foregoing Release and Waiver of Liability and Assumption of Risk is intended to be as broad and inclusive as is permitted by Florida law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I understand that the University of South Florida requires adequate medical insurance for illness or accidental injury valid outside the U.S. and provides such insurance coverage for the duration of the USF program abroad. I, the undersigned, am at least 18 years of age. I have read this Release and Waiver of Liability and Assumption of Risk as well as the terms and conditions of application and participant as set forth in the USF Study Abroad Program brochure and understand all of its terms and recognize and accept any risk associated with the program and its conditions, including the cancellation and refund policy as set forth in the USF Study Abroad Program brochure.

IN WITNESS WHEREOF I have executed this Agreement on the day and year first written below.

Participant's Name	Participant's Signature	Date	Social Security Number
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