

STATEMENT OF RESPONSIBILITY

I, _____, have been accepted to participate in a Case Western Reserve University (“Case Western”) study abroad program. I accept my admission to the program and promise to abide by the following statement of responsibility:

1. **Code of Conduct/Sexual Harassment Policy/Sexual Assault Policy:** I understand that Case Western has a Student Code of Conduct/Sexual Harassment Policy/Sexual Assault Policy for undergraduates and graduates, and that the individual Schools within Case Western also have similar codes and policies. I have read and understand the applicable Code of Conduct and Sexual Harassment/Sexual Assault Policies for my School and the School sponsoring the study abroad program. While a participant in the study abroad program, including while in a foreign country, I agree to abide by and follow those Codes of Conduct and policies. I understand that violations of those Codes of Conduct or policies may result in (i) immediate dismissal from the study abroad program at my cost; (ii) academic withdrawal from Case Western for the semester(s) in progress; (iii) additional disciplinary action by Case Western, including suspension and/or dismissal.

2. **Host Country Laws/Customs:** I agree to abide by the laws and customs of my host country, community, institution, and program. I understand I need to be sensitive to the social mores of the host country. I also understand I am subject to the disciplinary laws, codes, and processes of that host country, community, institution, and program. I recognize that those laws, codes, and processes may not provide for the same types of due process, protections and rights afforded in the United States. I also recognize that the public safety personnel in foreign countries may not provide a level of personal security comparable to that of the United States. I understand that Case Western is not responsible for representing me before any courts or tribunals in the host country but instead I will be responsible for my own legal representation to the extent such becomes necessary.

3. **Complaint Procedure:** I understand that I may utilize the applicable Complaint procedures set forth in the Handbook(s) for the School in which I am enrolled and/or the School sponsoring this program. I understand that I may make this Complaint with several different individuals/offices at Case Western depending upon whom is most readily available. In addition to any faculty members and/or staff involved with the study abroad program, this also includes individuals in the Office of Student Affairs, Office of Counsel, Dean’s Office of the School in which I am enrolled, and/or the Dean’s Office of the School sponsoring the program. I understand that while I may make such a complaint, Case Western does not assume responsibility for the actions of third-parties which occur in the host country and that Case Western may have no ability to control or prevent such actions.

4. **Health:** 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. My contact person is:

Name: _____
Telephone #: _____
Cell #: _____

I have the following allergies and/or special medical needs _____ . My primary care physician is:

Name: _____
Telephone #: _____
Address: _____

I understand that students are required to have appropriate health insurance as a condition of participating in this program. I understand that if I am already on Case Western's student medical plan, I will be covered under that plan while in the host country to the same extent that I am covered in the United States. I also understand that this includes medical evacuation under certain limited circumstances and kidnap insurance under certain limited circumstances. However, in certain instances, including non-emergency medical situations, I understand I may be required and be responsible for pre-paying for medical care and/or related costs and then seeking reimbursement afterwards. I understand my contact for more information on this matter is Wells Fargo, (304) 340-0253, the Third-Party Administrator for the student plan, from the hours of 7:00 a.m. to 7:00 p.m. EST, (if after hours there is a voice automated messaging system or try calling 800 624-8605). I understand I will have to present a certification that I am on the student plan to the program official.

If I am not on the Case Western student plan, then I understand I will be required to contact Wells Fargo to purchase at my own expense appropriate medical insurance for this program, including medical evacuation and kidnap insurance, and I will be required to present a certification showing such coverage. However, I understand that if this program is being provided through IPM, then trip insurance is automatically provided through AIG, which covers travel accident and sickness, emergency medical evacuation, emergency family travel (accompanying eligible spouse and children), repatriation of remains, accidental death and dismemberment insurance. Please note that this does not cover pre-existing conditions.

I understand I will be responsible for all medical costs not reimbursed by insurance and that Case Western does not assume any responsibility with respect to any medical care and/or treatment I receive while in the host country. I also acknowledge that I am aware of special conditions that I may face in some foreign countries, and that the health care, medicines and related services may not be as readily available, or of a quality comparable to those in the United States.

5. Travel: Case Western may make changes to the program itinerary, including cancellation, at any time and for any reason. I will be responsible for any loss due to such cancellation or change. Case Western 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 may substitute hotel accommodations or housing at any time. Specific room and housing assignments are within Case Western's sole discretion. Case Western, 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 my program official. I understand I am responsible for getting myself to the airport 2 hours before departure. I also understand that the transportation in a foreign country may not be as reliable or subject to the same safety standards applicable to 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 is not responsible for travel delays or lost property.

I understand that participants in the Mandel School Spring Study Tour program will spend periods of time working under the supervision of Case Western coordinators, but also may (depending on country) spend periods of time acting independently. I will be personally responsible for my day to day activities and for ensuring my health and safety during my stay in the host country.

6. Spouses/Partners and Children: To the extent permitted, Case Western is not responsible for providing support for accompanying non-participants, i.e., spouses/partners and children. 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.

7. **Waiver:** 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).

8. 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 get suspicious of large sums of money being 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 can be used internationally.

I am responsible for bringing my Passport, ATM credit card (optional) 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.

9. Release: In consideration for the opportunity to participate in the program, I hereby release and forever discharge Case Western, and its trustees, officers, employees, and agents from all legal claims for injuries, damages, or losses of any kind, which may arise out of my participation in this program.

10. Governing Law: I understand that any dispute arising from this Statement will be determined according to Ohio Law.

Signature

Date