

Instructions

DO NOT SIGN ANYTHING BEFORE YOU GO TO THE NOTARY. Your notary is your witness, so the document must be signed in his/her presence.

**YOU MUST SHOW VALID PHOTO ID
(WCSU ID / Driver's License)**

Make sure to initial all sections

Notaries on Campus

Peggy Boyle
Human Resources
University Hall, 1st Floor
Office Hours: 8am – 5pm
(203) 837-8662

Maureen Jeans
Human Resources
University Hall, 1st Floor
Office Hours: 8am – 4:30pm
(203) 837-8631

Vanita Wagner
Finance and Administration
University Hall, 2nd Floor
Office Hours: 8:30am – 5pm
(203) 837-9310



Statement of Responsibility, Release, Indemnification and Authorization
Participate in the Spring 2016
Course Abroad to Costa Rica, March 19 – 27, 2016
Pre-travel meetings: Jan 26, Feb. 2& 9, March 1, 8 and 15th, Final Apr 5th, 2016

I, _____, agree to participate in the Spring 2016 course abroad to Costa Rica sponsored by Western Connecticut State University (WCSU) from March 19, 2016 through March 27, 2016, as well as attend pre and post travel meetings. I understand and hereby acknowledge that my participation in the Program is wholly voluntary. In consideration of being allowed to participate in the program, I hereby agree as follows (please initial on the line at left after reading each section of the Agreement):

_____ I have been advised and am aware of the inherent and/or latent danger (including but not limited to: risk of serious injury, the hazards of travel, accident, or illness, or acts of God) of participating in a program requiring international travel. I am aware and have been advised to have a medical examination prior to participating in this activity to insure that I am in good physical health. Further, I hereby represent and warrant that I am and will be covered throughout the Program by a policy of comprehensive health and accident insurance which provides coverage for injuries or illness I may sustain or experience overseas. By my signature below, I certify that my health insurance policy will adequately cover me while outside the United States; and, I absolve WCSU and the host institution of all responsibility and liability, except for that which arises out of the negligent acts or omissions of the University or its employees, for any injuries (including death), illness, claims, damages, charges, bills and/or expenses I may incur while I am abroad. I agree to report to the University any physical or mental condition I have which may require special medical attention or accommodation during the program at least thirty (30) days prior to departure. I am also aware and have been advised that WCSU will automatically enroll me in a supplemental insurance.

_____ I understand that this is a university sponsored program, and that standards of Western Connecticut State University must be observed. I accept that the University reserves the right to decline to accept or retain me in the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my conduct violates any WCSU policy or procedure, I understand that I may be required to leave the Program at the sole discretion of the employees, agents, or representatives of WCSU, and I may be referred to the appropriate WCSU officials for further disciplinary or other actions. In such an event, I am responsible for reimbursing WCSU for the cost of my participation in the Program. WCSU reserves the right, in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in its sole discretion to cancel the Program or any aspect thereof after departure, may require that all participants return to the United States, if WCSU determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued.

_____ I understand that WCSU reserves the right to make changes to the Program itinerary at any time and for any reason, with or without notice, and WCSU shall not be liable for any loss whatsoever to me by reason of any such cancellation or change. WCSU is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether WCSU makes a flight arrangement. Any additional expense resulting from the above will be paid by me. WCSU reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Specific room and housing assignments are within the sole discretion of WCSU.

_____, I, _____, understand and acknowledge that the University assumes no responsibility or liability except for that which arises out of the negligent acts or omissions of the University and its employees, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonored hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, weather, strikes, acts of God, circumstances beyond the control of the University, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, accident, damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other services or for any substitutions of hotel or of common carriers beyond the University's control, with or without notice, or for any additional expense occasioned by any of the foregoing. If due to weather, flight schedules, or other uncontrollable factors I am required to spend additional nights in travel status, the University will not be responsible for my hotel, transfers, meal costs, or other expenses. My baggage and personal property are transported at my risk entirely.

_____ I understand and hereby acknowledge that I have reviewed the U.S. Consular Information Sheet for the country/countries to be visited, (http://travel.state.gov/travel/cis_pa_tw/cis/cis_1024.html) as well as the Centers for Disease Control information, on travel to (<http://wwwnc.cdc.gov/travel/destinations/traveler/none/costa-rica>), in and around the country/countries to be visited; that I am aware of and understand the risks and dangers of travel to, in, and around the country/countries to be visited, including but not limited to the dangers to my own health and personal safety posed by the use of public transportation, and by civil unrest, political instability, terrorism, crime, violence, and disease in the country/countries to be visited. I hereby assume, knowingly and voluntarily, each of these risks and all other risks that could arise out of or occur during my travels to, from, in or around the country/countries to be visited.

_____ I understand that I bear full legal and financial responsibility for all indebtedness or other legal obligation incurred by my while a Program participant.

_____ In the event of sickness or injury, I hereby authorize the Program Directors/ the host institution, or his or her designee, to secure whatever medical treatment is deemed necessary, including admission to a hospital, the administration of anesthetics, the transfusion of blood, and surgery.

_____ I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Connecticut, U.S.A.; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that I will abide by each of the terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

THIS MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC: DO NOT SIGN THIS UNTIL YOU ARE STANDING IN FRONT OF THAT PERSON & THEY ARE WITNESSING YOUR SIGNATURE!

Participant's Signature Date

WCSU ID Number Date of Birth

Address: _____
Street City/Town State Zip Code

Notarization : _____ (student's name) personally appeared before me, and by me known, and swore or affirmed that she/he freely and without reservation signed this release form.

Subscribed and Sworn to before me, a Notary Public, in and for the County of Fairfield and the State of Connecticut, this _____ day of _____, 20____.

Notary Public My Commission Expires: _____