

**John Carroll University
Center for Global Education**

Guidelines for the Development and Operation of Off-Campus International Programs

In general, programs operated or sponsored by John Carroll University will:

- be appropriate to the mission of the University.
- be subject to regular, periodic evaluation and assessment according to normal University review procedures.
- comply with all applicable federal and state laws and regulations.

In addition, all programs operated or sponsored by John Carroll University shall adhere to the specific guidelines listed below:

Recruitment

Recruitment materials and/or advising shall provide a description of the program that includes selection criteria, estimated cost, cancellation/withdrawal penalties, and services provided.

Each program will select participants on the basis of criteria appropriate to its academic, cultural, and educational objectives.

John Carroll University will provide reasonable access to programs abroad for students with disabilities. Please contact Allison West, Coordinator for Students with Disabilities, at -4263 for specific guidance on this issue.

Orientation

Each program is responsible for monitoring and disclosing in writing to all its participants U.S. State Department Consular Information Sheets, Public Announcements, and Travel Warnings. See: http://travel.state.gov/travel/cis_pa_tw/cis/cis_1765.html. Each program shall also advise in writing all its participants on health care, immunization, as well as general health and safety considerations, including the Centers for Disease Control's Travel Information: Health Recommendations. See: <http://www.cdc.gov/travel/>.

Each program will provide for all participants a pre-departure and/or on-site orientation including information regarding emergency communication and evacuation.

Every participant shall be informed about, and required to purchase, accident and health insurance and medical evacuation and repatriation of mortal remains insurance, or show valid proof of such coverage.

Medical Emergencies

Every program participant must receive, sign, and return the *John Carroll University International Program Medical Emergency Information/Consent Form*. The program director will review this information and keep one copy of the Information/Consent Form for the duration of the program. A second copy of the Form will be kept on file in The Center for Global Education. Both copies shall be destroyed upon completion of the Program.

Participant Code of Conduct

Each program will communicate to participants the applicable codes of conduct and consequences of non-compliance, as well as a list of participant responsibilities.

Each program will provide information for participants regarding when and where the sponsor's responsibility ends. In particular, program sponsors generally:

- Cannot guarantee or assure the safety of participants or eliminate all travel risks or risks from the travel abroad environment.
- Cannot monitor or control all of the daily personal decisions, choices, and activities of individual participants.
- Cannot assure that U.S. standards of due process apply in overseas legal proceedings or provide or pay for legal representation for participants.
- Cannot assume responsibility for the actions of persons not employed or otherwise engaged by the program sponsor for events that are not part of the program or that are beyond the control of the sponsor, or for situations that may arise owing to the failure of a participant to disclose pertinent information.
- Cannot assure that U.S. cultural values and norms will apply in the host country.

Every participant must receive, sign, and return the John Carroll University Statement of Responsibility/Waiver and Release, which establishes informed consent, assumption of risk, and understanding of the terms and conditions of the program abroad. The Statement and Release will be kept on file in The Center for Global Education. Program directors are strongly encouraged to contact Garry Homany, John Carroll's director of Risk Management, at 397-1982, in order to draw up a waiver & liability release form specific to their program.

Administration

The program director has the right and the responsibility to decline, to accept or retain in the program any participant whose behavior impedes program operations or the rights or welfare of any person.

Each program will register with the nearest American Embassy or Consulate prior to program departure. See: <https://travelregistration.state.gov/ibrs/>.

In the event that it becomes necessary to terminate a program or relocate any or all of its participants, the program director is responsible for implementing the evacuation plan. Please contact the Director of the Center for Global Education regarding the drawing up of an emergency evacuation plan or on any other issue.

**John Carroll University International Programs
Medical Emergency Information and Consent Form**

Participant's Name _____ Date of Birth _____

Passport Number _____ Blood Type (optional) _____

Dates and Country(ies) of Program _____

I am voluntarily disclosing to John Carroll University ("JCU") the following medical history and/or special conditions (for example, illnesses, chronic disorders or conditions, need for special accommodations, medical supplies, etc.)

Name of Primary Care Physician (at home): _____

Day Phone _____ Evening Phone _____ Fax _____ E-Mail _____

International Travel Insurance Information

I have appropriate international travel insurance, including coverage for medical expenses, evacuation, and repatriation of remains, provided by _____.

(Please attach copy of card or other proof of insurance)

Acknowledgments and Authorization for Treatment

I affirm that the information provided on this emergency medical form is true, complete, and accurate. I will have with me all necessary medications and medical supplies and am aware of my limitations. If a medical emergency develops during this program and I am unable to make decisions about medical treatment, I authorize the JCU representative(s) in charge of this program to act on my behalf. I understand and agree that any medical treatment authorized by a JCU representative will be at my expense. I understand that this information will be kept in a confidential manner, but agree that it may be released to medical personnel if necessary.

Participant's signature: _____ Date: _____

For participants under the age of 18, please contact the Center for Global Education to obtain a special waiver/release of liability form.

**** Please return completed form IN DUPLICATE to the Center for Global Education. This form will be sealed and destroyed upon your return to John Carroll University.***

Study Abroad Participant's Emergency Contact Information

First Contact:

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Fax _____ E-Mail _____

Second Contact:

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Fax _____ E-Mail _____

** Please return completed form IN DUPLICATE to the Center for Global Education*

Please provide a copy of this sheet to each person listed as your emergency contact.

JCU Emergency Contact Numbers

John Carroll University
Center for Global Education
Administration Building, Suite 126
Direct Line 216.397.4320
Fax: 216.397.1847
global@jcu.edu

Director, Center for Global Education
Dr. Andreas Sobisch

216.397.4183 (work)
216.544.5427 (cell)

216.991.7463 (home)
sobisch@jcu.edu

Assistant Director, Center for Global Education
Mr. Frank Congin

216.397.4357 (work)
440.369.3197 (cell)

216.321.0339 (home)
fcongin@jcu.edu

Academic Vice President
Dr. David LaGuardia

216.397.3002 (work)
216.397.3089 (fax)

440.209.1415 (home)
laguardia@jcu.edu

Associate Academic Vice President
Dr. James Krukones

216.397.4762 (work)
216.397.3089 (fax)

440.449.0872 (home)
jkrukones@jcu.edu

Vice President for Student Affairs
Dr. Patrick Rombalski

216.397.3010 (work)
216.397.3028 (fax)

prombalski@jcu.edu

**John Carroll University International Programs
Statement of Responsibility/Waiver and Release**

I, _____, a student at John Carroll University ("JCU"), would like to participate in _____ ("the program") in the country[ies] of _____ offered by JCU during the period /dates of _____ through _____.

In exchange for John Carroll University's agreement to allow me to participate in this program, I agree as follows:

1. I understand that there are risks involved with international travel. I understand the nature of the program and have been given the opportunity to ask questions about the program and travel to and from the program. I understand that JCU does not require me to participate, but I want to do so, despite any risks and despite this statement of responsibility, waiver and release ("statement").
2. I represent and warrant that I am and will be covered throughout the program by a policy of comprehensive health and accident insurance providing coverage for injuries and illnesses I sustain or experience abroad or during travel outside the United States. I absolve JCU from all responsibility and liability for any injuries, illnesses, claims, damages, charges, bills and/or expenses I may incur during the program, including travel to and from the program.
3. I understand that JCU reserves the right to decline to accept or retain me in the program at any time should my behavior impede program operations or the rights or welfare of any person. I understand that if I violate any JCU policy or procedure, I may be required to leave the program at the sole discretion of JCU representatives. In such an event, no refund will be made and I will bear any costs associated with the decision to require me to leave the program and return to the United States. If JCU determines that proceeding with the program will subject participants to increased danger, I understand that JCU may, in its sole discretion, cancel the program before departure or cancel the program after departure and require that all participants return to the United States. I understand that in such an event, no refund will be made and I will bear my share of any costs associated with the decision to cancel the program and return to the United States.
4. In exchange for the opportunity to participate, I personally assume all risks in connection with my participation in and travel to and from the program. I release JCU, its trustees, officers, agents, employees and representatives (individually and in their official capacities) from any and all liability for any personal injury (including death) or damage to personal property (including total loss) in connection with my participation in and travel to and from the program. I agree to indemnify, defend and hold harmless JCU and/or any of those mentioned above from any and all liability, losses, damages, judgments or expenses, including attorney's fees that they or any of them incur or sustain in connection with my participation in and travel to and from the program. I understand that this statement covers any and all claims against JCU or any of those mentioned above. I also understand that this statement binds me, my family, estate, and/or heirs.
5. I agree that this statement is to be construed under the laws of the State of Ohio, and that if any portion is held to be invalid; the balance shall remain in full force and effect. I have read this statement in its entirety. I understand its terms and agree to be legally bound by it.

Participant's Name (please print) Signature _____ / ____ / ____
Date

** Please return completed form to the Center for Global Education*