

**APPALACHIAN TRAIL
STUDY AWAY
Summer 2016**

May 23rd– May 25th (class at CSUF)
May 28th – June 2nd (study away trip)

Application / Deposit Deadlines

Early Deadline
Friday, April 1st

Final Deadline
Friday, April 15th

<input type="checkbox"/>	<u>Complete and return to H-211 (H&SS Dean's Office)</u>
	Cover Sheet
	Emergency Contact Form
	CSUF-Release of Liability Form
	Personal Conduct Agreement Form
	"In one or two paragraphs, please describe why you would like to participate in the Appalachian Trail Study Away Program, and what you hope to get out of the experience."
<input type="checkbox"/>	<u>Submit refundable program deposit to H-211 (H&SS Dean Office)</u>
	\$200 personal check made payable to California State University, Fullerton. The program deposit will secure your position in the Appalachian Trail program, and be refunded back to you when the program ends.

If you have any questions during the application and enrollment process, please contact
Jaycee Cover at jcover@fullerton.edu
or
visit Humanities-211

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COVER SHEET

LEGAL NAME: _____
(last name) (first name) (middle initial)

CWID: _____

EMAIL: _____

MAJOR: _____

I hereby submit my application to participate in one of the College of Humanities and Social Sciences Study Abroad Programs at CSUF. I understand that my application will not be reviewed until program deposits and all forms are completed and turned in. I understand that CSUF tuition is separate from the study abroad program fees. I certify that the information given in the application is true and complete and that I understood each question.

SIGNATURE OF APPLICANT _____ DATE _____

Please return this completed application packet to
Jaycee Cover, H&SS Dean's office in H-211.



EMERGENCY CONTACT AND MEDICAL RELEASE FORM

Student Name: _____ Program/Year: _____

Emergency Contact:

Emergency Contact:

Name: _____

Name: _____

Relation: _____

Relation: _____

Phone: () _____

Phone: () _____

Cell Phone: () _____

Cell Phone: () _____

Email: _____

Email: _____

Please list all:

Allergies: _____

Current Medications: _____

Medical Conditions (special diets, treatments, etc.): _____

Please explain any travel concerns, apprehensions
or special accommodations you may require:

Do you have health insurance? Yes No

Name of Health Care Provider: _____



I grant the University permission to (i) contact one or both of the emergency contacts listed above as well as University administrators and agents and (ii) share protected information about my medical background, medical condition or conduct with these individuals whenever the University, at its sole discretion, determines it is necessary to do so to protect my health and safety as well as the health and safety of other students.

SIGNATURE OF APPLICANT

DATE

**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**



Activity: **H&SS SUMMER 2016 Appalachian Trail
STUDY AWAY**

Activity Date(s) and Time(s): **May 28, 2016 – June 2, 2016**
Activity Location(s): **North Carolina, USA and surrounding regions**

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; California State University, Fullerton; CSU Fullerton Auxiliary Services Corporation and their respective employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____ Date: _____

If Participant is under 18 years of age:



I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date

Minor Participant's Name



CALIFORNIA STATE UNIVERSITY
FULLERTON

Student Conduct Agreement
Travel Related Event or Activity



Event /Activity: H&SS Summer 2016 Appalachian Trail Study Away Event/Activity Date:

May 28-June 2, 2016

Print Student Name: _____

In consideration for my participation in the Event/Activity, I agree to the following conditions:

General Notice

I acknowledge that while participating in the Event/Activity, I am representing the California State University (“CSU”) system, California State University, Fullerton (“University”), and the organization sponsoring/hosting the Event/Activity. As a responsible member of the CSU and University communities, I understand that I am expected to conduct myself in a manner consistent with the rules and regulations of the CSU, the University and the sponsor/host organization as well as all applicable federal and state laws. I also understand that any violation of these rules, regulations or laws may result in my expulsion from the Event/Activity and/or further disciplinary action by the University.

If I am expelled from the Event/Activity, I understand and agree that the University will not be held responsible for any financial loss I may incur, including but not limited to those incurred as a result of paid registration fees, travel expenses, legal expenses, personal damages, or other expenses related to my participation in this Event/Activity and my violation of this student conduct agreement (“Agreement”).

By signing this Agreement, I further agree that I will not participate in the following activities while at the Event/Activity:

- Use, possession or distribution of alcohol and/or facilitating the use, possession or distribution of alcohol by any underage individual.
- Use, possession, or distribution of any illegal or illicit drug.
- Sexual assault, sexual harassment or indecent exposure. Sexual assault is defined as the implied use or threatened use of force to engage in any sexual activity against another person’s will.
- Behavior that threatens the emotional or physical well-being and/or safety of participants including but not limited to any form of fighting.
- Unauthorized use of any fire safety equipment, including the activation of alarms or extinguishers without immediate cause.
- Possession of any weapons.
- Failure to attend any planned event/activity without the approval of my faculty/staff supervisor.

Process

The on-site CSU faculty/staff supervisor will review any alleged violations of this Agreement to determine the need for any immediate disciplinary action. The University’s student discipline and student grievance processes will be followed upon the student participant’s return to campus.

I acknowledge that I have read, understand and agree to abide by this Agreement.

Signature of Student Participant

Date

