



REGISTRATION & ENROLLMENT FORM

“SPRING BREAK IN COSTA RICA” PROGRAM
THE OHIO STATE UNIVERSITY
MARCH 20-28, 2004

Please fill out one form for each traveler, regardless of age.

PERSONAL INFORMATION

Name of registrant _____

Name you go by _____ SSN _____ Sex _____

Date of birth _____ Country of birth _____ Country of citizenship _____

Passport number _____ Place and date of issue _____

Home address:

Street _____

City _____ State _____ ZIP _____

Phone (____) _____ Best days/times to call _____

May we release your name, address, and phone number to other participants? yes _____ no _____

Work address (if applicable; provide as much information as you like):

Institution _____

Your title _____

Street _____

City _____ State _____ ZIP _____

Phone (____) _____ Best days/times to call _____

E-mail address (if available): _____

In case of emergency, please contact :

Name _____ Relationship _____

Street _____

City _____ State _____ ZIP _____

Phones (____) _____ (____) _____

MEDICAL INFORMATION

Health insurance carrier: _____

Allergies to drugs, etc.? _____

Anything else about you or your health that we should know?

RELEASE OF ALL CLAIMS

The Ohio State University (OSU) recognizes the 2004 “Spring Break in Costa Rica Program” as a proper educational activity for those desiring to participate. This is an activity which will require travel to locations away from the Columbus campus with the usual potential for risk of personal injury or damage to property normally associated with such travel.

As a condition for participating in this activity, the traveler, by signing below, agrees to the following:

In consideration of being granted the opportunity to participate in this activity and the use of services and facilities furnished by or made available by OSU or the University of Costa Rica (UCR), as well as the help, assistance, and advisory services rendered by members of the faculty and employees of these institutions, I do release and forever discharge for myself and my heirs, executors, administrators and assigns, all officers, fellow members, employees, and agents of, The Ohio State University and the UCR who arranged, advised or supervised the scheduling, travel, or any other function of this activity, from all claims, demands, actions, and causes of action for personal injury or any other damage now existing or which may arise out of or be in any way related to their negligence or other conduct associated with this activity.

I understand that if I should violate the laws and regulations of the United States or Costa Rica, OSU and the UCR may not be held liable for such conduct and they reserve the right (to be exercised by the Director of the program) to terminate my participation in the program and to return me to the United States without remission of any unused portion of fees paid.

I further agree that, in order to achieve the objectives of the program, I will obey the rules of the UCR, including all instructions about behavior both on and off the premises of the university. I realize that as a representative of both OSU and the United States of America, I will usually be expected to maintain standards of personal conduct higher than in the United States, and that disruptive behavior on my part either in or out of class may lead to my disenrollment from the program.

I understand that the Director is not responsible for my return trip to the United States, nor for any activities subsequent to the closing date of the program.

SIGNATURE

Signature of registrant _____

Date _____ Printed name _____

Signature of parent or guardian (if registrant is under 18) _____

Date _____ Printed name _____

PAYMENT ENCLOSED

\$200 non-refundable deposit required (applicable to cost of program): \$ _____

TOTAL ENCLOSED: \$ _____

*Please send all pages of this **signed** registration form, together with your check or money order (made payable to The Ohio State University for the amount above) to:*

*"Spring Break in Costa Rica"
Center for Latin American Studies
The Ohio State University
306 Oxley Hall
1712 Neil Avenue
Columbus, OH 43210-1219*

If you need a receipt other than your canceled check, please so state, and one will be provided.