

# JOHNS HOPKINS

U N I V E R S I T Y

## Office of Study Abroad

Levering Hall 04B, 3400 North Charles Street, Baltimore, MD 21218  
410-516-7856, 7066 Fax 410-516-7878 jhuabroad@jhu.edu

## Hopkins-Sponsored Undergraduate International Research/Independent Study Project Registration Form

**Please return the following forms to the Office of Study Abroad**

- International Research/Independent Study Project Form
- Assumption of Risk and Release Form
- Registrar's Undergraduate Research/Independent Form

Name \_\_\_\_\_

ID # \_\_\_\_\_

Local Address \_\_\_\_\_

Email \_\_\_\_\_

Local Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Major/Minor \_\_\_\_\_

JHU School \_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_

Cumulative GPA \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex (Circle One)      M      F

### Passport Information      (Please attach a copy of your passport)

Passport Number \_\_\_\_\_

Expiration \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Will you be traveling on a U.S. Passport? (Circle one)

Yes

No

If no, indicate country of issue and passport number \_\_\_\_\_

**(OVER)**

## Flight Information

Departure: Airline \_\_\_\_\_ Flight # \_\_\_\_\_ Date \_\_\_\_\_

Return: Airline \_\_\_\_\_ Flight # \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Contact Information (Parent or Guardian)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

What is the best way to reach your Emergency Contact? \_\_\_\_\_

## Emergency Contact Information Abroad (Research/Independent Study Sponsor)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Sponsoring Institution \_\_\_\_\_

Address Abroad \_\_\_\_\_ Email \_\_\_\_\_

Country Abroad \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**JOHNS HOPKINS UNIVERSITY ASSUMPTION OF RISK AND RELEASE**  
**Hopkins-Sponsored Undergraduate**  
**International Independent Study/Research Project**

I, \_\_\_\_\_, am a student at The Johns Hopkins University in the School of Arts & Sciences/School of Engineering. I acknowledge that I am over the age of eighteen (18) years. I am participating in an international independent research/study project which is organized and sponsored by \_\_\_\_\_ (Faculty Sponsor Name) in the Department of \_\_\_\_\_. I am participating in this international research/ independent study project from \_\_\_\_\_ to \_\_\_\_\_ (dates of attendance).

**By signing, I acknowledge that I have read this entire document and agree to the terms below:**

I understand that I am not required by Johns Hopkins University to participate in this particular international activity. I further understand that there are certain inherent risks associated with any travel abroad and with participation in an activity of this type. These inherent risks may include, but are not limited to, a lack of access to health care, natural disasters, crime, dangers associated with public or private transportation, safety of the road systems and other means of transportation. I am voluntarily accepting the risks associated with participating in an international research project/independent study and agree to cooperate with and abide by the guidelines established by Johns Hopkins University. I further acknowledge that neither the University nor any of its employees, agents or students can absolutely guarantee my safety in every situation.

I represent that I am covered for the duration of the international research/independent study project and throughout my absence from the United States by a policy of comprehensive health and accident insurance which provide coverage for illnesses or injuries I may sustain or experience while abroad. I release Johns Hopkins University from any responsibility and liability for my injuries, illness, medical bills, charges or similarities expenses.

I represent that I have read and understand the Department of State Country Information and Centers for Disease Control Recommendations for the country or countries in which my international research/independent study will be located. I acknowledge that it is my responsibility to comply with the information provided in these recommendations.

In the event of sickness or injury, I authorize the University program coordinate or primary contact at the host institution to secure whatever treatment is deemed necessary, including admission to a hospital, administration of anesthetic, transfusion of blood or surgery. Furthermore, I provide the University with permission to inform parents/guardians and University employees with a legitimate need to know in the event of sickness or injury.

I agree to release and hold harmless the University, its employees and agents from any and all liability and damages or losses I may suffer to my person or my property or both, which arise out of or occur during my participation on this international research/independent study project, except if the danger or losses are caused by the gross negligence or willful misconduct of University employees.

I agree that this Assumption of Risk and Release Form is to be construed in accordance with the law of the State of Maryland, and that if any portion of this agreement is held invalid by a competent court of jurisdiction, the remainder of the agreement shall continue in full force and effect.

I acknowledge that I have read this entire document, and, that in exchange for the University's agreement to my participation, I agree to its terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please print)