MIAMI UNIVERSITY
GEOLOGY DEPARTMENT

COSTA RICA WORKSHOP
May 19 - June 3, 2000

CERTIFICATE OF MEDICAL INSURANCE COVERAGE

VALID IN COSTA RICA
(name of country)

I hereby certify that the undersigned student will be covered by medical insurance and emergency flight return insurance valid in COSTA RICA (name of country) during the time May 19 - June 3, 2000 (travel dates of participation) that he or she will be there as a student at Miami University’s workshop,

COSTA RICA WORKSHOP

Date Student’s Signature

Print Name

Date Parent’s or Legal Guardian’s Signature (Required if student is under age 18)

Name of Insurance Company

Policy Number

Emergency (Medivac) flight return insurance?

PLEASE RETURN COMPLETED FORM TO HAYS CUMMINS
BY FRIDAY, APRIL 15, 1999.

2/11/00

- OVER -
AUTHORIZATION FOR MEDICAL PROCEDURES AND
RELEASE OF MEDICAL INFORMATION

I hereby grant permission to any licensed physician or dentist to perform emergency
treatment on the undersigned student while he or she is participating in the Miami University
workshop ____________, located in ____________,
from ____________ through ____________

Because of the nature of the program, I further acknowledge and agree that Miami
University officials responsible for the program have a need to know and a right to know about
medical procedures and the prognosis of any medical condition that may affect my continuing
participation in the program. As such, I hereby authorize medical personnel to release medical
information relevant to my continuing participation in the workshop,

__________, in ____________

The following is information concerning medical history, including allergies, medications
being taken, and any physical impairments, to which a physician should be alerted:

Date  Student’s Signature

Print Name

Date  Parent’s or Legal Guardian’s Signature
(Required if student is under age 18)

- OVER -

2/11/00
ACKNOWLEDGMENT AND WAIVER
CONCERNING RESPONSIBILITY FOR STUDENT TRAVEL

I understand that Miami University will not provide transportation for me to or from
_________________________ , nor when I am traveling independently while enrolled
(name of country)
in Miami University’s workshop, _______________________
COSTA RICA WORKSHOP
I further understand that I am responsible for arranging my own travel while enrolled
May 19, 2000 through June 3, 2000 in the above mentioned course,
(date) (date)
including but not limited to all matters of personal safety, security of personal belongings,
arrangements with common carriers, currency exchange, passports, and health requirements.

Therefore, in consideration of my being permitted to participate in Miami University’s
COSTA RICA WORKSHOP, I hereby release Miami University, its employees, agents, and
trustees from any liability for personal injury or property damage arising from my travel.

_________________________________    ______________________________
Date                                                   Student’s Signature

_________________________________
Print Name

_________________________________
Date                                                   Parent’s or Guardian’s Signature
(Required if student is under age 18)

PLEASE RETURN FORM TO HAYS CUMMINS
BY APRIL 15, 2000.

2/11/00