

## DREXEL UNIVERSITY COLLEGE OF MEDICINE

### STATEMENT OF RESPONSIBILITY AND LEGAL RELEASE FOR INTERNATIONAL ELECTIVE

I, \_\_\_\_\_, am a student in the Drexel University College of Medicine (the “College”). I desire to take the following senior year elective coursework in a foreign country:

Name of Elective: \_\_\_\_\_ (the “Elective”)  
Location: \_\_\_\_\_ (“Host Site”)  
Dates of Elective: \_\_\_\_\_

**Participation is Voluntary.** I understand and hereby acknowledge that my participation in the Elective is wholly voluntary and that I am not required by the College to participate in this Elective. Other electives not involving foreign travel are available.

**College’s Role.** I am aware that the College does not own, operate or control the Host Site and does not supervise the Host Site’s faculty or staff. The College is not acting as a sponsor or organizer of the Elective. However, the College is willing to award me credit if I satisfy the Elective’s academic requirements. I understand that the College has not made any investigation into health, safety and security conditions at either the Host Site or the countries in which I will be traveling. The College has also not investigated the quality or suitability of any housing or transportation providers that I may use in connection with the Elective. I acknowledge that it is my responsibility to investigate these conditions thoroughly before deciding whether I should participate in the Elective.

**Assumption of Risk.** I understand and acknowledge that foreign travel presents risks to me and my personal property. These can include, among others: acts of terrorism, war, civil unrest, political instability, transportation accidents, criminal acts, unfamiliar or different terrain, climate, food and drink, customs, laws, social and sexual mores, safety practices and regulations, communications, criminal and law enforcement activities, disability access, driving practices, disease risks, and health care. In particular, the Program may involve training activities at medical facilities that do not follow safety procedures and universal precautions practiced at United States medical facilities and may involve exposure to diseases not normally encountered in the United States. I acknowledge that I am solely responsible for researching and evaluating the risks I may face and that I am responsible for my actions. Any activities that I may take part in, whether as a component of the Elective or separate from it, will be considered to have been undertaken with my approval and understanding of any and all risks involved.

**Resources for Safety and Health Information.** I have read the U.S Consular Information (located at <http://www.ds-osac.org> and [http://travel.state.gov/travel\\_warnings.html](http://travel.state.gov/travel_warnings.html)) and health information (located at <http://www.cdc.gov/travel/>) for the foreign country or countries that I will be traveling to during the Elective.

**Changing Conditions.** Because local conditions may change while I am at the Host Site, I acknowledge that it is my responsibility for monitoring the local safety and security situation and deciding whether to leave if changing conditions warrant. The College assumes no duty to monitor or advise me on these conditions. I have been advised to register with the local United States embassy or consulate upon my arrival at the Elective Site. I understand the College's paramount concern is for my well being and safety, and that the College will not impose any academic or financial penalty on me if I decide to terminate the Elective early and leave the foreign country due to concerns for my personal safety, health or other emergencies.

**Health and Medical Evacuation Insurance.** I understand that I am responsible for consulting with my medical insurance company prior to traveling abroad to confirm whether my policy applies overseas and if it will cover emergency expenses such as a medical evacuation.

I certify that I will be covered by a policy of comprehensive health and medical evacuation insurance for the country in which I will be living and/or traveling in during the Elective. I am responsible for the costs of this insurance.

I certify that I am aware of no physical and mental condition that would prevent me from safely participating in the Elective and that I am responsible for obtaining any immunizations or inoculations that are advisable for the locations to which I am traveling.

**Transportation, Room and Board.** I am responsible for making all arrangements for my participation in the Elective, including transportation (both international and local), room, meals and any other services or items I may need. I am solely responsible for these expenses and costs. The College bears no responsibility for making these arrangements or their costs.

**Adherence to Standards and Termination of Participation.** I understand and agree to abide by all policies, rules, and regulations of the Host Sites as well as all the rules, regulations, and laws of the respective countries to be visited. I further agree to obey all rules, directions, and precautions issued by the Host Site and the United States Government. I understand that, in its sole discretion, the Host Site may terminate my participation in the Elective at any time, including before departure or during the Elective. Reasons for termination may include, but are not limited to: inappropriate conduct or other behavior deemed detrimental to the best interests of the Elective; emergencies; or health or safety considerations. I understand that the College is not responsible for any transportation and other costs associated with my early departure from the Elective.

***Please read the next two paragraphs carefully because you will be releasing some of your legal rights by signing this form:***

**Release of Claims.** I, individually and on behalf of my heirs, executors, administrators, agents, representatives, and insurers, hereby release and discharge Drexel University College of Medicine, its officers, trustees, faculty, employees, agents, and representatives (hereafter “Released Parties”) from any and all claims or liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person and/or property which may arise from my participation in the Elective and any travel or activities thereto. This release and discharge is intended to include claims or liabilities resulting from any negligent act or omission by the Released Parties. I further release and discharge the Released Parties from responsibility for any accident, illness, injury, or any other consequences arising or resulting directly or indirectly from my participation in the Elective. I recognize and agree that the Released Parties assume no responsibility for any liability, damage, or injury that may be caused by Student’s negligence or willful acts committed prior to, during, or after participation in the Elective, or for any liability, damage, or injury caused by the intentional or negligent acts or omissions of any other participant in the Elective, or caused by any other person.

**Indemnification and Hold Harmless.** I hereby agree to indemnify and hold harmless the Released Parties from any loss or liability whatsoever including reasonable attorneys’ fees, caused by any of my acts or omissions during my participation in the Elective.

**Governing Law.** This release shall be construed in accordance with, and governed by, the laws of the Commonwealth of Pennsylvania.

I have carefully read this release and I understand its meaning and effect. I understand that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Date: \_\_\_\_\_ Student: \_\_\_\_\_

Please return signed copy to: Division of Clinical Education  
60 N. 36th St, Room 10E10  
Philadelphia, PA 19104  
Fax: 215-843-7738