

UNIVERSITY OF CENTRAL FLORIDA COLLEGE OF MEDICINE

INTERNATIONAL MEDICAL EXPERIENCE

RELEASE OF LIABILITY FORM

I, _____, knowingly and voluntarily release and forever discharge the University of Central Florida, the University of Central Florida College of Medicine (UCF COM), the University of Central Florida Board of Trustees, the State of Florida, the Florida Board of Governors and their respective officers, directors, agents, employees, servants, volunteers, and host institutions and agents abroad (referred to herein collectively as "Releasees") from any and all claims, liabilities, demands, costs, or causes of actions for any injury, death, damage or loss caused by any vehicle, war, weather, strike, sickness, quarantine, acts of God, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, government restriction or regulation, or stemming from any act or omission of any airline, railroad, hotel, restaurant, bus company, taxi service, school, university, or any other person, firm, agency (government or private), company or individual, directly or indirectly, in connection with the International Medical Experience (Experience) or from all claims, liabilities, demands, costs or causes of action in any way occurring during the Experience .

I further release and forever discharge Releasees from any and all liability whatsoever for any and all damages, losses, injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys' fees, which arise out of, result from, occur during or are connected in any manner with my participation in the Experience, any related or independent travel, any activities or field trips, irrespective of whether they are sponsored, supervised or controlled by the UCF COM, its officers, agents, employees, servants, volunteers and/or host institution or agents abroad in any manner.

I also, individually and on behalf of my heirs, successors and personal representatives hereby agree to indemnify, defend and hold harmless the Releasees from any and all liability, loss, damage or expense, including attorneys' fees, which arise out of, occur during, or are in any way connected with my participation in the Experience, any related or independent travel, any activities or field trips, any financial obligations or liabilities of any kind that I may incur personally or any damage resulting from my participation in the Experience.

I understand that all travel involves some risk, and I agree to assume the risks that are inherent with domestic and foreign travel. I also waive and release any and all claims, liabilities, demands, costs, or causes of action against Releasees for any injury, death, damage or loss incurred in connection with terrorist activities, social or labor unrest, mechanical or construction difficulties, diseases, local laws, climatic conditions, abnormal conditions or developments, or any other actions, omissions or any other conditions occurring during the Experience. I understand that patient care may result in personal risks including injury and infection, and that these may be magnified outside the United States given variability in endemic infection, hygiene practices, medical resources, availability of clean water and sanitation, and other geographic and man-made conditions.

By my participation in the Experience, I voluntarily assume all risks involved with such travel, whether expected or unexpected. I acknowledge and agree that I am aware of and also have been warned of such risks, and I have been advised to take appropriate action and to govern myself accordingly. Furthermore, I understand that all travel and activities in which I choose to engage in during the free travel periods, before, after, and during the Experience will be entirely at my own risk.

I grant UCF COM or its appropriate officers, directors, agents, employees, servants, volunteers, and host institutions and agents abroad full authority to take whatever action they may consider to be warranted under the circumstances concerning my health and safety; I fully release Releasees from any responsibility and liability for any such decision or action as may be taken in connection therewith. I authorize UCF COM or its appropriate officers, agents, employees, servants, volunteers, and host institutions and agents abroad, at their discretion, to place me, at my own expense (or at the expense of one or both of my parents or a guardian) and without my further consent, in a hospital within or outside of the United States of America for medical services and treatment, or if no hospital is readily available, to place me in the hands of a local medical doctor for treatment. If deemed necessary or desirable by UCF COM or its appropriate officers, agents, employees, servants, volunteers, and host institutions and agents abroad, I authorize them to arrange to transport me back to the United States, and I assume responsibility and liability for the expenses involved. I agree that any funds advanced to me by UCF COM or others for any purpose will be reimbursed upon demand either by me or by any person acting on my behalf. I have been advised that I must be covered by health and accident insurance during the entire period of my participation in the Experience, and I agree to purchase the required coverage for my stay abroad. I have also been advised that supplementary health insurance coverage may be necessary to cover medical needs in the United States upon return.

At least thirty (30) days prior to departure, I agree to report to the UCF COM any physical or mental condition I have that may require special medical attention or accommodation during the Experience.

I agree to comply fully with the rules of the UCF COM and the rules of host institutions and travel facilitates. I agree that the UCF COM has the right to enforce its standards of conduct and that, should I fail to comply with them, UCF COM has the right to terminate my participation in the Experience with no refund of monies paid. In the event of termination, I agree to be sent home at my own expense (or at the expense of one or both of my parents or a guardian). I understand that the Experience is an organized Experience and that group standards must be observed. Except for those periods designated as free time, I agree at all times to remain where stated by the UCF COM and will comply with its rules, standards, and instructions for student behavior.

I waive and release any and all claims, liabilities, demands, costs or causes of action against Releasees arising out of my failure to comply with this agreement and to comply with any such rules, standards and instructions. I agree that UCF COM or its appropriate officers, directors, agents, employees, servants, volunteers, and host institutions and agents abroad have the right to terminate my participation in the Experience at any time for the failure to abide by standards or for any action or conduct which they consider to be incompatible with the interest, harmony, comfort and welfare of other students.

It is my further understanding, and I agree, that Releasees are not responsible for any injury, death, damage or any loss whatsoever sustained by me during any period of any independent travel (which I understand is at my own expense and may be arranged by me separately from the Experience) or during any absence from the Experience or other supervised activities. On group tours or other activities arranged by UCF COM, I will accept the will of the majority whenever a matter of choice is presented to the group. I understand that from time to time, UCF COM publicity material may include statements made by its students, or their photographs or both and I consent to such use of my comments and photographic likeness. I understand that UCF COM reserves the right to make changes in initial campus assignments, academic centers, etc., and to make alterations in the Experience and itineraries as may be required. I understand the Experience charges are based on applicable tariffs and government regulations and are subject to change depending on regulations in effect at the time of departure.

I understand that UCF COM reserves the right, in its sole discretion, to cancel the Experience or any aspect thereof prior to departure; and, in the UCF COM's sole discretion, to require that all participants return to the United States if the UCF COM determines or believes that any person will be in danger if the Experience or any aspect thereof is continued. Refunds to any Experience participant, if any, will be determined by the UCF COM on a case by case basis. Participants hereby acknowledge that there might not be any refunds or only partial refunds.

This Agreement is to be construed under the laws of the State of Florida, U.S.A. and if any part hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect.

I have read the terms and conditions set forth in UCF COM's descriptive information of the Experience. I have reviewed the handbook given to me and visited and read the State Department Travel Advisory Web Site at http://travel.state.gov/warnings_list.html and the State Department Web Site at <http://www.state.gov/r/pa/ei/bgn/>. I agree that the above references and resources constitute a part of my agreement with the UCF COM. I understand and agree to all of the terms of this Agreement and as set forth in the descriptive information (which is incorporated herein by reference), as well as any of the other references contained herein, which are incorporated herein by reference as well.

In signing this Agreement, I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it, I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Printed Name

Signature

Date

**UNIVERSITY OF CENTRAL FLORIDA COLLEGE OF MEDICINE
INTERNATIONAL MEDICAL EXPERIENCE
STUDENT AFFIRMATION**

I, _____, affirm and agree that:

1. I understand that all participation in International Medical Experiences (Experience) must be approved in writing prior to the Experience by the Associate Dean for Students and the Director of International Medical Programs. It is my responsibility to obtain the appropriate signatures and approvals prior to the Experience.
2. I understand that Experiences are elective.
3. I understand that I must be in good academic standing, have no academic deficiencies, and not be on academic or non-academic probation to be eligible to participate in Experiences. I understand that any academic or professional issue may preclude my participation in Experiences, as determined by the Associate Dean for Students.
4. I understand that I am a medical student and not a licensed physician. I understand that I may not practice medicine, including taking histories and vital signs, without direct medical provider oversight by a physician or his/her designee. I understand that the practice of medicine without a license is illegal in the United States and may void any liability coverage that I have, both in the United States and abroad.
5. I affirm that if I am asked to perform medical procedures for which I am untrained and/or unsupervised, I will decline. I will respect my limitations as a student and the health of my patients, and I will not attempt to practice outside the scope of my knowledge as a medical student.
6. I understand that I have international coverage for medical liability through the UCF College of Medicine Self-Insurance Plan, but that it is my responsibility to procure personal health and accident coverage.

In signing this Affirmation, I hereby acknowledge that I have read this document and that I understand its terms.

Printed Name

Signature

Date