

# CONEMAUGH VALLEY MEMORIAL HOSPITAL

## Release and Hold Harmless Agreement for Study Abroad Programs and Other Programs and Activities Involving Foreign Travel

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As part of the consideration for participating in this program/activity, I hereby release, hold harmless, and forever discharge Conemaugh Valley Memorial Hospital, its affiliates, and their respective directors, officers, employees and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or to any property belonging to me while participating in this program.

I am fully aware of the risks and hazards associated with foreign travel and residence and with the particular activities I intend to pursue abroad. I further understand that other countries have different laws, regulations or standards; may have few or no laws, regulations or standards; or may not enforce their existing laws, regulations or standards, including, but not limited to, those relating to health, welfare, safety, crime, regulation of businesses and transportation in any form (including travel by sea, land or air). I acknowledge that my participation in this activity is voluntary and not required, and I hereby elect to voluntarily participate in said program/activity with full knowledge that said program/activity may be hazardous to me. I voluntarily assume full responsibility for any and all risk of loss, damage, or personal injury, including death, and for any property damage that may be sustained by me as a result of participation in this program.

I acknowledge and understand that I am responsible for making my own travel, transportation and housing arrangements in connection with this program or activity. I understand that I must make provision before departure for continuation of medical treatments such as prescriptions or special diets. I also understand that it is my responsibility to obtain and keep in force my own health insurance while out of the country. I further understand that I am financially responsible for my own medical expenses. I acknowledge that I have been advised to secure insurance coverage that includes coverage for medical evacuation and repatriation of remains.

I understand and acknowledge that it is my responsibility to:

- Obtain current health information, including recommended precautions for the area in which I am traveling at <http://wwwnc.cdc.gov/travel> the website of the U.S. Center for Disease Control. This includes information about Avian Flu found at <http://wwwn.cdc.gov/travel/contentAvianFluAmericansAbroad.aspx>.
- Obtain current information from the U.S. State Department website about the risks of travel to the area in which I am traveling by going to <http://travel.state.gov>, clicking on "International Travel" and reading material applicable to the area listed under "Travel Warnings," and "Country-Specific Information," as well as the "Avian Flu Fact Sheet."

I understand and acknowledge that the professional liability insurance may not cover any claims brought forth in the host country.

I understand and acknowledge that I must purchase my own professional liability insurance for the duration of the rotation and provide evidence of such purchase to the program.

I acknowledge that the Conemaugh Valley Memorial Hospital, "GME Policy - International Off-Site Rotation" applies to this activity and that my travel and/or funding may be terminated under circumstances set out in that policy.

I have read and I understand this document, including the release and hold harmless portions of it. I understand and agree that it is binding on myself, my heirs, my assigns, and personal representatives. I acknowledge that I am 18 years old or more.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date