

**GEISEL SCHOOL OF MEDICINE
AT DARTMOUTH
HANOVER, NEW HAMPSHIRE 03755**

**RELEASE, INDEMNIFICATION OF ALL CLAIMS
AND COVENANT NOT TO SUE**

NOTICE: This is a legally binding agreement. By signing this agreement you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your participation in the elective or service-learning experience at

_____ (name of site/organization) approved by and/or with support from the Geisel School of Medicine in which you will travel and study in the country of _____ now or at any time in the future.

ACKNOWLEDGMENT OF RISK:

I HEREBY ACKNOWLEDGE AND AGREE that participation in the elective or service-learning experience is not required by Trustees of Dartmouth College or the Geisel School of Medicine and I further understand that the Geisel School of Medicine does not control or run every aspect of the elective or service-learning experience. I acknowledge that I am ultimately responsible for my own safety, and that the Geisel School of Medicine has a very limited obligation to provide supervision and oversight for my safety on the elective or service-learning experience. My decision to participate in the elective or service-learning experience is completely voluntary. I have full knowledge of the nature and extent of the risks associated with the Trip, including but not limited to:

1. All manner of injury resulting from or associated with transportation to and from _____, whether such transportation is provided by the Geisel School of Medicine or not;
2. All manner of injury resulting from or associated with traveling and residing in a foreign country, including without limitation, detention, annoyance, quarantine, strikes, thefts, failure of conveyances to move as scheduled, civil disturbances, criminal acts, injury to my person or property, Acts of God, fire, and government restrictions.
3. All manner of injury resulting from or associated with staying in a location and participating in an elective or service-learning experience that is not owned or operated by the Geisel School of Medicine, including injuries that may occur due to the use of different standards of care regarding bloodborne and airborne pathogens, as well as different standards of care applied to other areas of medical practice.

I further acknowledge that the above list is not inclusive of all possible risks associated with my participation in the elective or service-learning experience and that the above list in no way limits the extent or reach of this release and covenant not to sue.

RELEASE, INDEMNIFICATION AND COVENANT NOT TO SUE:

In consideration of the Geisel School of Medicine permitting me to participate in the elective or service-learning experience, I, _____, the undersigned, AGREE TO AND DO RELEASE, on behalf of myself, my heirs, representatives, executors, administrator and assigns, the Geisel School of Medicine, its officers, agents, and employees from any cause of

action, claim, demand, loss, or cost of any nature whatsoever, including but not limited to a claim of negligence, which I, my heirs, representatives, executors, administrators and assigns may have now or in the future against the Geisel School of Medicine on account of personal injury, property damage, death, or accident of any kind, arising out of or in any way related to my participation in the elective, whether I am being supervised or not and however the injury or damage is caused, including but not limited to the negligence of the Geisel School of Medicine.

In consideration of my participation in the elective or service-learning experience, I, the undersigned, agree and do indemnify and hold harmless the Geisel School of Medicine from any and all causes of action, claims, demands, losses or costs of any nature arising out of or in any way relating to my participation in the elective or service-learning experience.

I hereby certify that I have full knowledge of the nature and extent of risks inherent in my participation in the elective or service-learning experience, including the risks associated with transportation to and from _____, the risks described above, and other risks that are too numerous to list, and that I am voluntarily assuming those risks. I understand that I will be solely responsible for any loss or damage, including death, I sustain while participating in the elective or service-learning experience, and by this agreement I am relieving the Geisel School of Medicine of any and all liability for such loss, damage, or death.

I certify that I am in good health and that I have no physical/psychological limitations that would preclude my safe participation in the elective.

Furthermore, I have consulted with the websites below regarding pertinent travel advisories to the above listed country. I have listed the dates I visited the websites and any advisories or warnings.

1. World Health Organization: Internet: <http://www.who.org/home/info.html>

Date website was visited: _____

Pertinent Advisories or Warnings: _____

2. United States State Department: Tel: (202) 647-5225
Internet: http://travel.state.gov/travel/travel_1744.html

Date website was visited: _____

Pertinent Advisories or Warnings: _____

3. Centers for Disease Control and Prevention: <http://www.cdc.gov/travel/>
Traveler's health/advisories information website

Date website was visited: _____

Pertinent Advisories or Warnings: _____

4. Other: _____

Contact person/organization: _____

Date website was visited: _____

Pertinent Advisories or Warnings: _____

EMERGENCY EVACUATION:

I understand that I am eligible for assistance, including emergency evacuation if necessary, through the relationship between Dartmouth College and International SOS. I have reviewed the information regarding International SOS at the following website:

<http://www.dartmouth.edu/~rmi/travel/isosprogram.html> .

I am responsible for discussing my intended travel and activities with parents(s)/guardian(s) or spouse, and providing them with current addresses and contact information to facilitate both regular and urgent communications for the duration of the experience.

I understand that the terms of this agreement are legally binding and that I am signing this agreement, after carefully having read same, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed in

_____ (city), _____ (state), this _____ day of
_____ (month), 20__ (year).

Student Name (print) _____

Student Signature _____

Witness of Student Signature (print name) _____

Witness of Student Signature (signature) _____