**STATEMENT OF RESPONSIBILITY, ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL RELEASE FORM**

**1. Agreement to Participate**

I, ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to participate in the International Collaboration and Exchange Program at the Columbia University Vagelos College of Physicians and Surgeons. I affirm that my participation is **completely voluntary**. I understand that the International Collaboration and Exchange Program at the Columbia University Vagelos College of Physicians and Surgeons involves participation, observation, instruction, educational activities, meals, recreational activities and occasional field activities in or around my host country. I understand that there are risks inherent in the activities I will engage in as a participant of the International Collaboration and Exchange Program which may cause serious injury or even death. I also understand that, despite safety precautions, the International Collaboration and Exchange Program at the Columbia University Vagelos College of Physicians and Surgeons cannot guarantee that I will not be injured. I am willing to assume these risks. To minimize the risk, I have been instructed to obey all the rules, regulations and instructions of the International Collaboration and Exchange Program at the Columbia University Vagelos College of Physicians and Surgeons.

I also acknowledge that as part of the activities of the International Collaboration and Exchange Program at the Columbia University Vagelos College of Physicians and Surgeons, I may be leaving my placement to attend and participate in some activities, including local field activities throughout the local metropolitan area, and will be transported by public transportation or private car, if provided by the host organization. I understand that travel and participation in these activities involves risks. I have investigated such matters to my satisfaction and am willing to accept these risks.

**2. Health and Safety**

I have determined that there are no health-related reasons or problems which preclude or restrict my participation in the International Collaboration and Exchange Program at the Columbia University Vagelos College of Physicians and Surgeons. Should it be necessary to have medical treatment while participating in the International Collaboration and Exchange Program, I will make every effort to utilize Aetna On-Call or International SOS for medical attention in accordance with the information that I have been already provided with. If I am unable to be contacted, I hereby give the designated staff member of my host organization permission to use their judgment in obtaining medical services. I also give permission to the designated staff member of the host organization to refer me to medical treatment deemed necessary and appropriate by the host organization or a physician.

In consideration for my participation in the International Collaboration and Exchange Program at the Columbia University Vagelos College of Physicians and Surgeons, I voluntarily agree, for myself, my heirs, executors, and administrators, to the following:

* To assume full responsibility for any risks or loss, or personal injury, including death that may be sustained, or any loss or damage to property owned, as a result of training for, participating in, or traveling during my assigned project.
* To release, waive, hold harmless, discharge and agree not to sue the Trustees of Columbia University in the City of New York, including, but not limited to, the person or entity responsible for administering the International Collaboration and Exchange Program at the Vagelos College of Physicians and Surgeons, or its officers, employees, agents, students, and staff (hereinafter referred to as “releases”) from any and all liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while traveling to or from my host country, or participating in the International Collaboration and Exchange Program at the Columbia University Vagelos College of Physicians and Surgeons.

**3. Conditions of Participation & Assumption of Risk Agreement**

* I will accept responsibility for my own decisions and actions.
* I will give serious consideration to my health and personal circumstances when deciding to participate in this program, and agree to notify the International Collaboration and Exchange Program staff of any circumstances (including health conditions) that may require special accommodations.
* I certify that I am covered by a valid health insurance plan for the duration of this event, and that I have purchased an International travel policy if my primary health insurance does not cover international travel. If I choose NOT to purchase an international travel policy, I accept full responsibility for all risks, loss or injury that may be sustained while traveling through the program abroad.
* I understand that I am obligated to comply with local law. I recognize that my conduct reflects on Columbia University Vagelos College of Physicians and Surgeons, other participants, hosts, and myself.
* I acknowledge that Columbia University Vagelos College of Physicians and Surgeons reserves the right to cancel any event when deemed appropriate due to unforeseen circumstances.
* I agree to abide by the rules, regulations and instructions of the coordinators and leaders of the Columbia University Vagelos College of Physicians and Surgeons and the International Collaboration and Exchange Program.
* I hereby understand that it is my personal obligation to obtain immunizations and medical prophylaxis as recommended by the Columbia University Irving Medical Center Student Health Service for my host country and to designate a person in the United States to be contacted in case of emergency.
* I understand that working in most resource-poor international settings may involve risks and challenges, including infectious diseases and health hazards that are uncommon at home, and understand that the standards of care in an international setting may be sub-optimal in the event of an emergency.

**I have read and understand the foregoing statements and I am in agreement with the terms and conditions therein. I give my permission to participate in any and all activities related to the International Collaboration and Exchange Program through Columbia University Vagelos College of Physicians and Surgeons in ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, my host country.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature

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Printed Name of Participant