
AGREEMENT, WAIVER OF CLAIMS, AND RELEASE
University of Tennessee
College of Medicine
International Elective

I, _____, a student in the College of Medicine of The University of Tennessee at the Health Science Center, have applied for an international elective.

I understand that there are certain risks associated with international travel. These may include, but are not limited to: exposure to health risks including life-threatening disease; limited availability of qualified and specialized medical care; limited availability of medications; lack of sanitation for medical treatment; lack of proper sanitation in food preparation including in public restaurants and private homes; legal requirements and limitations on medical practice which vary according to country; crime against international travelers; risk of physical injury through accidents including on public transportation and by private or rented vehicle; terrorism; natural disasters such as hurricanes, tsunamis, floods, fires, and other weather conditions; war; strikes; and riots. I also understand that The University of Tennessee is not responsible for such risks.

I understand that it is my responsibility to educate myself regarding risks of international travel and that I am responsible for all expenses associated with such travel, including any expenses which occur as a result of risks expected or unexpected in connection with such travel. I accept full responsibility for making all travel and other arrangements for my international trip and agree that The University of Tennessee is not responsible for such risks and/or any expenses associated thereto.

I hereby waive all claims against and release The University of Tennessee from any liability for any injuries, damages, expenses, or other loss I may incur in relation in any way to such travel.

I, _____, am over the age of 18. I understand the terms of this agreement, waiver of claims, and release. I also understand that I am encouraged to seek legal or other counsel if I have questions about my international travel or the effect of this agreement, waiver of claims, and release.

(Please initial)

_____ I have received counseling from the UT Travel Clinic or from another physician or clinic concerning health risks posed by travel.

_____ I have received the recommended vaccinations (please initial)

_____ I have evacuation insurance and medical emergency insurance (please initial)

Signature

Date

Witness

Date