



HEALTH SCIENCE CENTER
T E X A S A & M U N I V E R S I T Y

**ASSUMPTION OF RISKS AND CONDITIONS OF PARTICIPATION IN NON-TAMUS
HSC COLLEGE OF MEDICINE EDUCATIONAL ACTIVITIES OUTSIDE OF THE USA**

Read carefully and initial on each line indicating that you understand and agree with the specified statement.

I am a student at The Texas A&M University System Health Science Center College of Medicine (COM) and may, during my enrollment at the COM, participate in one or more educational programs outside of the university or its affiliates. In consideration for being permitted to participate in the program(s), I agree to the following:

_____ 1. I have secured, or will secure before commencing the program, health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the program, to include medical evacuation and repatriation. In addition, I agree to provide the COM with the policy name and number prior to departure.

_____ 2. I understand that any program or programs are independent operators and not sponsored by, or affiliated with the COM, in any manner. Notwithstanding any agreement by the COM toward academic credit for the course of study I am to take, the COM has not required me to participate in the program in any way and my academic progress at the COM will not be adversely affected if I decide not to participate. Although the COM is able to provide me with certain information regarding the various international opportunities, the COM does not warrant in any way, the accuracy or completeness of such information, including without limit, information related to the international program I have chosen to attend. I acknowledge and understand that the COM has not undertaken an independent investigation or assessment of any aspect of the international program I have chosen to attend, including without limit, the content or quality of the academic program, instructors, facilities, the adequacy of the living arrangements or the safety of the location where my program may be conducted.

_____ 3. I realize that international travel and study involves significant inherent hazards and risks, both foreseeable and unforeseeable, including travel in difficult terrain and inclement weather, inadequate or unhealthy food and water supplies, accidents or collisions involving planes, trains, buses, automobiles or other modes of transportation, acts of terrorism, vandalism, or war, storms, earthquakes, or other natural disasters, government restrictions or regulations, theft or other criminal acts, an accident or illness in remote locations without access to appropriate medical facilities. These risks and hazards may result in serious physical injury, illness, death, and damage to or loss of property and I assume all such risks.

_____ 4. I understand that each state and foreign country has its own laws and standards of acceptable conduct and recognize that behavior which violates those laws or standards could harm the COM, as well as my own health and safety. I will become informed of and will abide by all such laws and standards for the location of my program and will assume the risk of any legal problems I may encounter with any government or controlling administration. The COM is not responsible for providing any assistance under such circumstances.

_____ 5. I understand that I am solely responsible for all costs incurred by and related to my voluntary participation in the international program.

_____ 6. I have checked with the CDC or other international health advisory group and have received all required immunizations for travel to this location.

_____ 7. I understand that traveling in a country under a travel advisory by the United States State Department poses additional risks. I agree to check on any such advisories prior to commencing travel.

AUTHORIZATION AND AGREEMENT:

I certify the above information is accurate and correct. By signing this document I hereby acknowledge that I understand and accept the above conditions to participate in this activity.

Signature of Participant

Printed name of Participant

Sponsor host institution and country of program

Date of Participation

Time of Participation