MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS, INC.

RELEASE AND WAIVER OF LIABILITY
FOR ROTATIONS OUTSIDE OF THE UNITED STATES

This Release and Waiver of Liability (the Release) executed on this ______ day of ________________, 20 _ _ by _________________________ the resident/fellow (RESIDENT) who is employed for the purposes of completing a graduate medical education program by the Medical College of Wisconsin Affiliated Hospitals (MCWAH), a nonprofit corporation. The RESIDENT desires to undertake and complete an elective medical education rotation at a healthcare facility or institution outside of the United States of America. The RESIDENT hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver

RESIDENT does hereby release and forever discharge and hold harmless MCWAH and its successors of any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from RESIDENT’S activities while completing an elective medical education rotation at a healthcare facility or institution outside of the United States. RESIDENT understands that this Release discharges MCWAH from any liability or claim that the RESIDENT may have against MCWAH with respect to any bodily or personal injury, illness, death, or property damage that may result from RESIDENT’S activities and travel. RESIDENT also understands that MCWAH does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.

Assumption of Risk

RESIDENT understands that the activities associated with an elective medical education rotation at a healthcare facility or institution outside of the United States of America may be hazardous (that is, that can cause serious illness, physical injury or death) to the RESIDENT. RESIDENT hereby expressly and specifically assumes the risk of illness, injury or harm arising from his or her elective medical education rotation at a healthcare facility or institution outside of the United States and releases MCWAH from all liability. It is the RESIDENT’S sole responsibility to determine whether his or her health, dental, disability, and life insurance policies provide coverage in the country where the resident will conduct an elective, medical education rotation. Please refer to the Benefit Current information regarding MCWAH’s accident insurance for rotations outside of the USA is at: http://www.mcw.edu/GME/Benefits/RotationsOutsideUS.htm

IN WITNESS WHEREOF, RESIDENT has executed this Release as of the day and year first above written.

Signature of Resident ____________________________________________________________________________ Date

Signature of Program Director ____________________________________________________________________ Date

Signature of Witness ______________________________________________________________________________ Date