WAIVER OF LIABILITY

In consideration of the opportunity afforded me to participate in a Global Health elective as part of my residency in Pediatrics/Medicine Pediatrics at the University of Minnesota, and recognizing that I may be subjected to known or unknown dangers and/or injuries, monetary, to my person or otherwise, in the course of my participation (including, without limitation, terrorism and war), I, do knowingly, freely and voluntarily waive and release (on behalf of myself, my family, my heirs, successors and representatives) and agree to defend and indemnify the University of Minnesota from any liability, claim, right or cause of action of any kind whatsoever, arising out of such participation by myself and my family and/or arising from any of my (or my family's) acts or omissions related, directly or indirectly, to my participation.

I further attest and hereby certify that I have secured and paid for health insurance and evacuation insurance on my behalf.

I understand that I am not a legal representative of the University of Minnesota and that I have no authority to bind the University of Minnesota contractually or otherwise and I will not represent or otherwise hold myself out as and agent of the University of Minnesota.

________________________________________________________
Resident's Signature and Date

Resident's Name