Statement of Responsibility, Release, Authorization and Acknowledgement of Risks to Participate in a UWHC GME Global Health Elective Rotations
(Revised May 2010)

I hereby indicate my desire to participate in a global health elective rotation in (city/country) _______________ ________________, during my graduate medical training at the University of Wisconsin Hospital and Clinics during the period of _____________ to ______________. My participation in this program is completely voluntary.

If and/or when I am offered and accept a place in the UWHC GME Global Health Elective Rotation, I:

1. assume full legal and financial responsibility for my participation in the program.

2. will be responsible for the elective costs (whether already paid or not) as decided upon by myself, my elective supervisor, and my residency program director. If I withdraw (or am required to withdraw) from the elective for any reason once the trip has commenced, I assume full responsibility for the trip costs.

3. grant the UW Hospital and Clinics, UWHC GME Office, residency program and its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the elective including authorizing medical treatment on my behalf and at my expense and returning me to the United States at my own expense for medical treatment or in case of an emergency.

4. realize that accident and health insurance, as well as insurance for medical evacuation and repatriation, which are applicable inside and outside of the United States is required for my participation in the elective. I acknowledge that I am ultimately responsible for obtaining insurance sufficient for my needs while overseas and for treatment in the event I return to the US for medical treatment during or after the program. I understand that the UWHC encourages me to have appropriate insurance coverage for the entire time I am abroad.

5. agree to conform to all applicable policies, rules, regulations and standards of conduct as established by the UW Hospital and Clinics, UWHC GME Office, any sponsoring institution and/or foreign affiliates, as well as elective requirements, to insure the best interest, harmony, comfort and welfare of the program.

6. accept termination of my participation in the elective by the UWHC GME Office or my residency program with no refund of fees and accept responsibility for transportation costs home if I fail to maintain acceptable standards of conduct as established by the UWHC GME Office, the sponsoring institution and/or foreign affiliates.

7. understand that the UWHC GME Office reserves the right to make changes to the program at any time and for any reason, with or without notice, and that the UWHC GME Office shall not be liable for any loss whatsoever to program participants as a result of such changes.

8. agree voluntarily and without reservation to indemnify and hold harmless the UW Hospital and Clinics, UWHC GME Office and their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) which do not arise out of the
negligent acts or omission of an officer, employee, and agent of the UWHC or UWGME Office while acting within the scope of their employment or agency, as a result of my participation in the program, including any travel incident thereto.

9. understand that, although the UWHC and the UWGME Office have made every reasonable effort to assure my safety while participating in this elective rotation, there are unavoidable risks in travel and study overseas that may not ordinarily be encountered at home or at my workplace. Those risks include, but may not be limited to:

- traveling to and within, and returning from, one or more foreign countries;
- foreign political, legal, social and economic conditions;
- different standards of civil defense procedures, design, safety and maintenance of buildings, public places and conveyances;
- local medical and emergency services;
- local weather and environmental conditions.

10. agree to abide by the laws and customs of the country where my elective will take place.

I have read the foregoing entire document and have had the opportunity to ask questions about it. I hereby acknowledge that I understand it. Knowing the risks described, and in consideration of being permitted to participate in the elective, I agree, on behalf of my family, heirs and personal representatives, to assume all the risks and responsibilities surrounding my participation in the program.

Participant’s Name (please print)

Participant’s Signature __________________________ Date __________________________