ASSUMPTION OF RISK AND RELEASE OF LIABILITY
TRUSTEES OF BOSTON UNIVERSITY (the “University”)

Location of practicum: ______________________________
Dates of practicum: ______________________________

I have elected to fulfill the Boston University School of Public Health practicum requirement by participating in a practicum at an international site. I understand that in choosing a practicum at an international site:

(i) I may be exposed to certain risks en-route to and from, in connection with, and in the course of the practicum, resulting in personal injury or loss of life, and loss or damage to property;

(ii) the University gives no assurances or warranties as to the safety of the locations, structures, equipment, conditions, housing, or circumstances in connection with my practicum, or assurances as to the safety of international travel or destinations;

(iii) it is ultimately my responsibility to keep myself informed about the security and health conditions in the regions where I will be travelling and working in the practicum, and in concert with my physical or travel clinic, acquire pertinent prophylaxes; and

(iv) it is my responsibility to ensure that I have medical evacuation insurance and health insurance that covers me throughout the duration of the practicum.

I have read the most recent U.S. State Department, and Center for Disease Control travel advisories for my destination, available at http://travel.state.gov; http://www.cdc.gov; I have also read the relevant Consular Information Sheets, available at http://travel.state.gov/travel/cis_pa_tw/cis/cis_1765.htm. Having made my own investigation of the risks associated with my participation in the practicum, I am willing to accept these risks.

Without limiting anything herein, I am aware that there are risks to me associated with travelling and/or residing in a foreign country whose level of health care and social services may differ from those in the United States. These risks include, but are not limited to, crime, terrorism, war, exposure to communicable diseases, serious bodily injury or death, property damage and other risks that may not be foreseeable.

U.S. citizens are advised to register with the State Department’s STEP program at www.step.state.gov prior to departure. Non-U.S. citizens should check with the Foreign Ministry or Embassy of their government to see if a similar service is available.

I agree further that I will not perform any medical procedure for which I have not been properly trained and certified for in the United States or in the country of my practicum.
I acknowledge that participation in an international practicum is not required for completion of my degree and is undertaken in my own free will, in my sole discretion.

Therefore, in consideration of being permitted to participate in the practicum, I, on behalf of my legal representatives, heirs, executors, administrators, successors and assigns, hereby now and forever release, indemnify, acquit and hold harmless the University and its trustees, officers, employees, agents, assigns and successors from any liability, claims, demands, causes of action, damages, costs, charges and any and all other claims, including without limitation attorney's fees, which may arise from any cause whatsoever arising from or related to my participation in the practicum, including without limitation, acts or omissions of any persons, from the operation or condition of facilities or premises, from acts of war or terrorism, or from epidemics or acts of God or nature. I further release and discharge the University and its trustees, officers, employees, agents, assigns and successors from responsibility for any accident, illness, injury or other consequences arising from or resulting directly or indirectly from my participation in the practicum.

I agree that this instrument shall be governed by and construed in accordance with the laws of the Commonwealth of Massachusetts, excluding those laws that direct the application of the laws of another jurisdiction, and shall be binding upon my legal representatives, heirs, executors, administrators, successors and assigns. I hereby consent to the exclusive jurisdiction of the state and federal courts located in Boston, Massachusetts with respect to any claim, suit or action arising in any way out of this instrument or the subject matter thereof.

I hereby acknowledge that I have been provided an opportunity to read this document, that I am fully aware of its legal effect, that I am executing it of my own free will and for my benefit in order to gain permission to participate in an international practicum and that in so doing, I have not been subjected to any form of coercion or duress by any person associated with the University.