

**Affiliated Travel Waiver  
Release, Covenant Not To Sue and Assumption of Risk**

Northwestern University, through its Feinberg School of Medicine, has agreed to allow me to study and work abroad in my course of study. I have informed Northwestern University that I intend to engage in the study/work abroad experience described below:

Dates of Travel: \_\_\_\_\_

Destination(s): \_\_\_\_\_

Description of program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In connection with my trip to the above-referenced destination(s):

1. I have carefully identified, reviewed and considered the risks of travel to my destination(s), including by reading the most recent relevant U.S. State Department (“DoS”) information available through <http://travel.state.gov/>. I have also reviewed the relevant sections in the CDC website regarding infectious risks of international travel. <http://wwwnc.cdc.gov/travel>.
2. I am aware that travel, study, and work abroad involve risks, hazards and dangers and furthermore that there are risks, hazards and dangers inherent in any study/work abroad experience in the health field. I understand that the risks involved with my participation in the above-described program include, but are not limited to, theft of or damage to property, the hazards of traveling by air, train, automobile or other conveyance, the possibility of accident or illness in remote places, the exposure to acts of terrorism, war or forces of nature, serious bodily injury, exposure to pathogens and disease, death, and other risks that may not be foreseeable. I understand that Northwestern University is not responsible for my safety and I assume full responsibility for all risks associated with my travel. I agree that I am personally responsible for obtaining all health information, medical procedures, immunizations, and medications appropriate to the above-described program for my personal well-being.
3. I acknowledge that I have chosen the above-described program based on my own assessment and that my participation in the program is not required by Northwestern University.
4. I know conditions in my destination(s) may change rapidly and I will stay informed of current events on a frequent basis by obtaining updated security and health information from, and registering with, the nearest U.S. Embassy or Consulate General, and from the

DoS website. I will also enroll in the warden system with the U.S. Consulate(s) nearest my destination(s). If I am not a U.S. citizen, I will register with my home country's Embassy or Consulate and get updated information from the U.S. and my home country's Embassies or Consulates, and the DoS website.

5. I affirm that I have health insurance that will remain in effect and cover any injuries or other health problems sustained during my travel, and that I have registered with Drum Cussac.
  
6. **WAIVER AND RELEASE OF CLAIMS.** I hereby release, waive, discharge and covenant not to sue Northwestern University, its trustees, officers, agents or employees and any cooperating institution, its trustees, officer, agents, or employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while traveling to or participating in the program described above. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my traveling to or participating in the program described above. I further hereby agree to indemnify and save and hold harmless the releasees and each of them, from any loss, liability, damage or costs they may incur as a result of my travels. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees.
  
7. I acknowledge that I have read this document and have had the opportunity to ask questions concerning this document before signing, and I agree to be bound by all of the above terms.

\_\_\_\_\_  
TRAVELER'S NAME (PRINTED)

\_\_\_\_\_  
NU ID #

\_\_\_\_\_  
TRAVELER'S SIGNATURE

\_\_\_\_\_  
DATE