Unaffiliated 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 and understand that Northwestern University has not undertaken an independent assessment of the above-described program, and the University does not, and cannot, guarantee the competency of any person associated with the program, the physical condition of any facility or equipment that may be used by me in the course of the program, or the suitability of the program. 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
(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