



HARVARD UNIVERSITY

Harvard University Risk and Release Form
HARVARD COLLEGE AND
GRADUATE/ PROFESSIONAL SCHOOLS

**HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH
DOCTOR OF PUBLIC HEALTH PROGRAM (DrPH)
INTERNATIONAL
ASSUMPTION OF RISK AND GENERAL RELEASE FORM**

THIS IS A RELEASE OF LEGAL RIGHTS – READ AND UNDERSTAND BEFORE SIGNING

Name of Participating Student: _____

Doctoral Project Course Number: _____

Responsible Faculty Member: _____

Destination(s): _____

Date(s): _____

I am a graduate student at Harvard University (“Harvard”) and have chosen to enroll in the course described above, for which I will receive academic credit and also may receive funding (the “Course”). (“Course” is understood to include all activities at destinations, and all travel to and from such destinations.) I understand and agree that I am required to enroll in this Doctoral Project course as a condition of receiving my degree and that a field-based experience is a requirement of the Course. However, research, field immersion or study in a foreign country or countries is a not a requirement of the Course; I have chosen to participate in an international Doctoral Project course, recognizing that opportunities for a domestic Doctoral Project course might have been available. This agreement confirms my understanding of the following:

1. Risks of International Travel; U.S. State Department Warning. I understand that participation in the Course and international travel involves risks not found in study at Harvard. These include without limitation risks involved in traveling to, from, and within international locations; foreign political, legal, medical, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; and local weather conditions. The country or countries to which I will travel may have health and safety standards that differ from those enjoyed in the United States, and I recognize that I may be subjected to potential risks, illnesses, injuries and even death. I have made my own investigation of these risks, understand these risks and assume them knowingly and willingly.

I also acknowledge that in working, living and traveling in cities abroad, I may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are different from those to which I am accustomed in the

United States. I acknowledge that it is my responsibility to take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that Harvard recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well-being.

I understand that, although Harvard has facilitated the Course, it cannot eliminate all risks or guarantee my safety while I am abroad. I have read and understood all information on the U.S. State Department website (<http://travel.state.gov>) about the country or countries to which I am traveling, including, without limitation, the U.S. Department of State Consular Information Sheet and the State Department Warning (if applicable). I also have reviewed the U.S. Centers for Disease Control health advisory information relating to travel abroad found at <http://www.cdc.gov/travel>, and any additional information available from the World Health Organization website (<http://www.who.int/>). With knowledge of this information, I have made the independent judgment to participate in the Course.

2. Health Insurance; Medical Care; Health and Safety Concerns. I understand that I am responsible for obtaining any recommended immunizations before traveling to my destination. I carry valid and current medical insurance and have a valid insurance identity card to bring. I have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while participating in the Course. I will be solely responsible for payment in full of all costs of medical care I may receive overseas.

I am also aware that, during my participation in the Course, I will be automatically enrolled in Harvard Travel Assist, provided that my information is entered in the Harvard Travel Registry. The assistance program for international travelers offers medical information and evacuation, emergency assistance including translation services, legal referrals, and general travel advice and is a supplement to, not a substitute for, health insurance. I have reviewed the information about this program available at: <http://www.traveltools.harvard.edu>.

I authorize Harvard to obtain appropriate health care for me in the event that I need it but am unable to obtain it for myself. I further agree to hold harmless and indemnify Harvard for any and all actions taken by Harvard to provide or obtain emergency medical care for me during the Course. I also understand and agree that if I experience serious health problems, suffer an injury, or am otherwise in a situation that raises significant health and safety concerns, then Harvard may contact my parents or any other person whose name I have provided as my “emergency contact.” I understand that Harvard ordinarily will not initiate such contact without first having a discussion with me.

3. Standards of Conduct. I recognize that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations; with Harvard’s policies for student conduct (including without limitation those set forth in the *Student Handbook* and in any Course-specific materials); with the policies of my host institution or organization; and with any instructions given by Harvard or the Course leader(s). I promise to act responsibly and will become informed of, and will abide by, all such laws, regulations, policies and standards. I will comply with Harvard’s policies, standards and instructions for student behavior. I agree that Harvard has the right to enforce all standards of conduct described above.

4. Travel Arrangements. I understand that Harvard does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution or organization, employer, transportation carrier, hotel, tour organizer or other provider of food, goods or services involved in the Course. I understand that Harvard is not responsible for matters that are beyond its control, and that it cannot warrant the safety or convenience of the circumstances under which I will be living or working.

5. **GENERAL RELEASE.** Knowing the risks described above, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Course. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify Harvard, and its officers, governing board members, faculty, staff, representatives, employees and agents, from and against any present or future claims, losses, liabilities, costs and expenses for injury to person or property, or for any other damage, which I may suffer, or for which I may be liable to any other person, related to my participation in the Course (including periods in transit to or from my destination), resulting from any cause, including but not limited to negligence on my part or on the part of any of the released parties. However, I understand that nothing in this paragraph shall act as a waiver of any rights I may have under the Massachusetts Workers' Compensation Act.

I certify that I am age 18 or older. I have carefully read and freely signed this Assumption of Risk and General Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the Commonwealth of Massachusetts (excluding its conflict of laws principles), which shall be the forum for any lawsuits filed under or incident to this agreement or the Course.

Signed: _____ Date: _____

Student Name (print) _____

EMERGENCY CONTACT INFORMATION:

United States:

First Contact

Name _____ Relationship _____

Telephone (home) _____ Telephone (cell) _____

E-Mail Address _____

Second Contact

Name _____ Relationship _____

Telephone (home) _____ Telephone (cell) _____

E-Mail Address _____