**Statement of Responsibility, Release, Authorization and Acknowledgement of Risks to**

**Participate in a Global Health Elective Rotations**

I hereby indicate my desire to participate in a global health elective rotation in (city/country) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, during my graduate medical training at Barnes-Jewish Hospital 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 a 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 WU-BJH-SLCH consortium GME Office, residency/fellowship 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 are 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 WU-BJH-SLCH consortium mandates W 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 WU-BJH-SLCH consortium WUSM, 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 WU-BJH-SLCH consortium 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 WU-BJH-SLCH consortium GME Office, the sponsoring institution and/or foreign affiliates.

7. Understand that the WU-BJH-SLCH consortium 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 WU-BJH-SLCH consortium GME Office shall not be liable to me for any loss whatsoever as a result of such changes.

8. Agree voluntarily and without reservation to indemnify and hold harmless WU-BJH-SLCH consortium 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 WU-BJH-SLCH consortium GME 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 WU-BJH-SLCH GME 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 the right of the Program Director, in collaboration with WU-BJH-SLCH consortium GME office, the International Travel Oversight Committee ITOC, to cancel travel in instances where health advisories from the CDC, or travel advisories from the U.S. State Department have been issued,

11. 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**