

ACKNOWLEDGMENT OF RISK

Harvard School of Public Health

I am a student at the Harvard School of Public Health (HSPH) and have agreed to participate in an international travel course in January 2008. I will register in (COURSE NUMBER & NAME) _____, knowing that the international travel is required in order to receive academic credit for the course. I am not required to register for this class as a condition of receiving my degree. As a condition of participating in the course, I agree to the following terms:

1. Risks of International Course. I understand that participation in the course involves risks not found in study at HSPH. These include risks involved in traveling to and within, and returning from, 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 in which I perform the course may have health and safety standards substantially below 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 not equivalent to life in the United States. I will take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that HSPH 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 have read and understood the U.S. Department of State Consular Information Sheet about travel to (COUNTRY NAME) _____, available on the State Department website at <http://travel.state.gov>.

2. Health Insurance; Medical Care. I carry valid and current medical insurance and have a valid insurance identity card to bring. I have reviewed my coverage and have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while participating in the course. I understand that emergency evacuation is not usually covered in standard insurance policies but may be independently purchased if desired. I will be solely responsible for payment in full of all costs of medical care I may receive overseas. I authorize _____ to obtain appropriate health care for me in the event that I need it but cannot request it for myself. I have reviewed the CDC health advisory information relating to travel in the proposed area at <http://www.cdc.gov/travel/>.

I also understand that Harvard University Health Services provides traveler information regarding inoculations at 617-495-5182.

3. International Travel Assistance Program I have read the information regarding Harvard's International Travel Assistance program at http://vpfweb.harvard.edu/rmas/4_insurance/Intnlso.html and will carry a copy of the Harvard Comprehensive Membership card with me while traveling.

4. Standards of Conduct. I recognize that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations, and with HSPH policies for students. I promise to act responsibly and will become informed of, and will abide by, such laws, regulations and standards. I will comply with HSPH's policies, standards and instructions for student behavior conduct as detailed in the HSPH student Handbook. I agree that HSPH has the right to enforce the standards of conduct described above. I agree that if HSPH terminates my course because of my conduct, I will be responsible for all expenses incurred up to the time of termination and for all expenses incurred in returning to my point of origin.

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

I have carefully read and freely signed this Acknowledgment of Risk Form.

Signed: _____ (Student) Date: _____

STUDENT NAME (print) _____

In case of emergency during the duration of the course, please inform:

Name: _____

Address: _____

Phone _____ E-mail _____ Fax: _____