



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)  
DOMESTIC  
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 (the “Course”) and also may receive funding. (“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. This agreement confirms my understanding of the following:

1. Risks of Travel. I understand that participation in the Course involves risks not found in study at Harvard. These include without limitation risks involved in traveling to, from, and within the Course destination(s), as well as risks generated by the activities in which I engage as part of the Course. I recognize that these potential risks include, for example, illnesses, injuries and even death. I have made my own investigation of these risks, understand these risks and assume them knowingly and willingly. I will 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 wellbeing.

I understand that, although Harvard has facilitated the Course, it cannot eliminate all risks or guarantee my safety while I am enrolled in the Course. I have made the independent judgment to participate in the Course.

2. Health Insurance; Medical Care; Health and Safety Concerns. 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.

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 \_\_\_\_\_