



**MEDICAL UNIVERSITY OF SOUTH CAROLINA  
INTERNATIONAL TRAVEL WAIVER FOR STUDENTS**

I, \_\_\_\_\_ am a student at the Medical University of South Carolina ("MUSC") and have decided to undertake research, study, work or travel in a foreign country or countries [insert city/country] \_\_\_\_\_ from the dates of [insert departure/return dates] \_\_\_\_\_. I acknowledge that I am voluntarily participating in this travel and that my participation is not required by MUSC. In connection with my trip to the above-referenced destination(s), I acknowledge and/or understand the following:

1. 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.
2. I understand that MUSC is not responsible for my safety and I knowingly and voluntarily assume full responsibility for all risks associated with my travel.
3. I have carefully identified, reviewed and considered the risks of travel to my destination(s), including reading the most recent relevant U.S. Department of State ("DOS") Consular Information Sheet <http://travel.state.gov/>, and the most recent relevant U.S. Centers for Disease Control health advisory information <http://www.cdc.gov/travel>
4. I represent that I am covered throughout my absence from the United States by a policy of comprehensive health insurance. I have determined that this insurance is adequate to provide coverage for illnesses and injuries I may sustain or experience while abroad. I release MUSC from any responsibility and liability for my injuries, illness, medical bills, charges or other expenses related to medical care I may receive overseas.
5. I understand that I am responsible for obtaining any recommended immunizations before traveling to my destination.
6. I am aware that, during my participation in the Project, I will be automatically enrolled in, but must register for, the International SOS Travel Assistance Program ("ISOS"), which offers medical information and evacuation, emergency assistance including general travel advice *and is a supplement to, not a substitute for, health insurance*.
7. 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. 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.
8. 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.

**WAIVER AND RELEASE OF CLAIMS.** I hereby release, waive, discharge and agree not to sue MUSC and its affiliates, 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 the destination(s) 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 the destination(s) 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 that 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Faculty Advisor's Name \_\_\_\_\_

College \_\_\_\_\_

Signature \_\_\_\_\_

MUSC ID \_\_\_\_\_

Host Organization  
/Program (if applicable) \_\_\_\_\_

Please remit a copy of this signed waiver along with a copy of your passport photo page to Rebeca Mueller, Center for Global Health, MSC 203, Charleston, SC 29425 or a scanned copy via email to completed form should be signed, scanned and returned via email to [muellemr@muscd.edu](mailto:muellemr@muscd.edu)