

SPECIAL MEDICAL HEALTH RISK AND RELEASE FORM
UNIVERSITY OF WISCONSIN-MILWAUKEE

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

Name of Applicant/Releasor: _____

Date of Birth: _____

Program Name: _____ Term: _____ Year: _____

In consideration of the opportunity to be a participant in the program, please read below the description of some potential challenges to your safety and medical health associated with your overseas academic program:

Center for Disease Control and Prevention Website (Travelers Health Section):

<http://www.cdc.gov/travel/index.htm>

U.S. Department of State (Consular Information Sheet of the International Travel Section)

http://travel.state.gov/travel/cis_pa_tw/cis/cis_1765.html

Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify the Board of Regents of the University of Wisconsin System, and its officers, employees and agents, from and against any present or future claim, loss or liability for injury to myself, including fatal injury, or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit to or from any country where the Program is being conducted).

I have carefully read this Special Medical Health Risk and Release Form and incorporated U.S. State Department Consular Information Sheet and CDC Information before signing below. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.

This agreement shall become effective only upon receipt of my application by the University and shall be governed by the laws of the state of Wisconsin, which shall be the exclusive forum for any lawsuits filed under or incident to this agreement or to the Program.

X _____
Signature of Applicant

Date

