

INTERNATIONAL TRAVEL LIABILITY RELEASE STATEMENT

I understand that there are dangers and risks to which I may be exposed by participating in international travel for a volunteer medical elective. I understand, accept, and assume any and all risks associated with these activities, including but not limited to, illness, accidents, kidnapping and ransom, violence, dismemberment or death, all such risks being known and appreciated by me. I further understand that other countries enforce different laws, regulations or standards, including but not limited to, those relating to health, welfare, safety, crime, regulation of businesses and transportation in any form. I agree to be bound by same.

As part of the consideration for participating in this program and related travel, I have reviewed the US State Department Travel Warning and Travel Alert, as well as the Centers for Disease Control Travel Health Notices pertinent to the country or region to which I am traveling. I have carefully considered described warnings and acknowledge that at any time warnings may become of a more urgent matter. I acknowledge that I am not required to participate in this activity and have elected to do so knowingly and voluntarily with full knowledge of all potential risks/dangers.

I agree to accept, assume, and take upon myself, all risk and responsibility in any way associated with this travel and related activities. In consideration of the services, assistance, and facilities provided by the Inova Fairfax Hospital Residency Program for these activities and travel, I agree to release, discharge, indemnify, defend, and forever save free and hold harmless Inova Fairfax Hospital and its affiliates (as well as its Trustees, officers, employees, and agents) from and against any and all liability, claims, damages, or actions (including reasonable attorney's fees and costs) arising from and/or related to my injury, illness, dismemberment or death, kidnapping and ransom, or damage to my property, or any other claims, actions, and disputes whatsoever, which arise from and/or relate to my travel and associated activities. I understand that this Release covers liability, claims, actions and damages that may be caused by, or result from, in part, certain acts or omissions by Inova Fairfax Hospital and/or its affiliates (as well as its Trustees, officers, employees, or agents), including but not limited to, negligence, mistake, or failure to properly supervise and train or any other conduct by Inova Fairfax Hospital and its affiliates.

I recognize that this Release means that I and anyone else on my behalf are giving up, among other things, rights to sue Inova Fairfax Hospital and its affiliates, as well as its Trustees, officers, employees, and agents for any illness, injuries, dismemberment, death, kidnapping and ransom, damages, or losses I may incur as a result of my participation in this travel and associated activities. I understand that this Release also binds my heirs, executors, administrators, and assigns, as well as me. I have read and understand this Release, and I agree to be legally bound by its terms and conditions.

Signature

Date

Printed Name

Program