

Office of Student Affairs
School of Osteopathic Medicine
University of Medicine & Dentistry of New Jersey
Stratford, New Jersey

This is a release of legal rights – read and understand before signing.

I am a student at the University of Medicine and Dentistry of New Jersey (“the University”) and may during my enrollment at the University, participate in one or more educational or other related programs (“Program(s)”) outside the University or its affiliates. In consideration for being permitted to participate in Program(s), I agree to the following:

1. I have secured, or will have secured before commencing the Program, health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. If studying out side the U.S., the coverage includes, or will include, medical evacuation and repatriation. I acknowledge that the University has provided me with information concerning the availability of such commercial insurance for my purchase. By my signature below, I certify that I have confirmed that my health care coverage will adequately cover me while outside of my area of residence or, if applicable, outside the U.S., and hereby release the University, its officers, employees, faculty and agents from any responsibility or liability for expenses or damages incurred by me for injuries or illnesses (including death) that I may incur.
2. I understand that all Program(s), institutions or agencies are independent operators and not sponsored by or affiliated with the University in any manner. Notwithstanding any agreement by the University to award academic credit for the course of study I undertake, the University has not required me to participate in the Program(s) in any way, and my academic progress at the University will not be adversely affected if I decide not to participate. I understand that the University has not undertaken any kind of control or supervision over any Program(s) s’ institution, my Program(s) of study, my itinerary travel arrangements or accommodations.
3. I understand that there are unavoidable risks in travel, lodging and living away from home, including the risks of transportation, foreign political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions and other unanticipated risks. I will become informed of any recommendations or advisories issued by any United States governmental entity as to the risks of travel to and within my Program(s) location. Knowing these risks, and in consideration of being permitted to participate in the Program(s), I hereby release and waive, on behalf of myself, my family, heirs and personal representative(s), any claims or potential claims whatsoever for any and all liability for harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature that I may have or that may accrue to me, arising out of or related to my participating in any Program(s). I further agree to save and hold harmless the University, its officers, employees, faculty and agents, from any claim made by me or my family or personal representative(s) arising out of and my participation in any Program(s) and any travel I undertake in connection with it.

4. I understand that each state and foreign country has its own laws and standards of acceptable conduct, and recognize that behavior which violates those laws or standards could harm the University, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for the location of any Program(s) and will assume the risk of any legal problems I may encounter with any government or controlling administration. The University is not responsible for providing any assistance under such circumstances.
5. I agree that should any provision or aspect of this agreement be found to be unenforceable, all remaining provisions of the agreement will remain in full force and effect.
6. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this Release, I have the right to consult with the advisor or attorney of my choice.
7. I agree that, should there be any dispute concerning my participation in any Program(s) that would require the adjudication of a court of law, venue will lie in Essex County, New Jersey and that the laws of the State of New Jersey will govern.
8. This agreement represents my complete understanding with the University concerning the University's responsibility and liability for my participation in any Program(s), including any number of Program(s) I may undertake during my enrollment, and that it supercedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.
9. I represent that I am at least eighteen years of age, or, if not, that I have secured below the signature of my parent or guardian as well as my own.

I HAVE CAREFULLY READ THIS RELEASE FORM BEFORE SIGNING IT.

Student Signature	Date	Student Name (printed)
School Official Signature	Date	<u>UMDNJ-SOM</u> School Official Name (printed)
Parent or Guardian Signature (if applicable)	Date	Parent or Guardian Name (printed)