

APPENDIX

**UCSF (NAME OF PROGRAM)
RELEASE AND HOLD HARMLESS AGREEMENT**

I hereby elect voluntarily and on my own initiative to participate in UCSF (Name of program). My experience abroad will take place in _____ during the period _____ (MM-DD-YY) through _____ (MM-DD-YY).

I acknowledge that I bear full responsibility for any personal injury or illness, accident, risk, loss, or property damage that may be sustained by me in connection with my participation in the above-mentioned program.

In particular, I acknowledge and agree that I am fully aware of the risks and hazards associated with my participation in the above mentioned program, including without limitation, the risks and hazards of infectious diseases, injuries, accidents, political unrest, wars, terrorism, natural disasters, medical emergencies, criminal activity, loss of personal property, travel-related delays or cancellations, and cultural stress.

I acknowledge and agree that the University of California, San Francisco will not and cannot guarantee my safety. I further acknowledge and agree that University of California, San Francisco is not and will not be responsible for any illness, injury, accident, damage or loss suffered by me from or in connection with my participation in the program.

I acknowledge and agree that I have been given adequate opportunity to review this document and to ask questions.

I hereby certify that I have adequate health and accident insurance, including but not limited to: (policy name and terms of coverage)

_____. I have registered online for ACE USA Travel Insurance (<https://www.uctrips-insurance.org>)

I hereby release and agree to hold harmless the University of California, San Francisco and its officers, directors, employees and agents from any and all liability, claims, demands and actions arising or related to any loss, property damage, illness, injury or accident that may be sustained by me in connection with or during my participation in the above mentioned program. This release and hold harmless agreement is and shall be binding on myself and my heirs, assigns and personal representatives.

I have reviewed health and safety issues including:

- Checking the US Department of State web site: <http://www.state.gov/travel/> for any travel warnings specific to my intended destination
- Registering with the US consulate in your host country. <https://travelregistration.state.gov/ibrs/home.asp>
- Checking the Centers for Disease Control and Prevention web site: <http://www.cdc.gov/travel/> for any health alerts specific to my destination

Signature _____ Date _____

Name of Participant (please print or type) _____ Phone _____ (email) _____

**Please deliver or mail to: International Program Coordinator
(Name of Dept., Box Number, Office Location, Phone Contact, E-mail)**