

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,  
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

I, \_\_\_\_\_(Print Name), the undersigned student registered in the Doctorate of Medicine, at the University of Ottawa, Faculty of Medicine, have voluntarily chosen to undertake an international clinical elective to fulfill part of the requirements of the Program **AND I THEREFORE STATE AS FOLLOW:**

1. **I SHALL**, at my own expense, arrange for the following:
  - ✓ locate a clinical agency outside of Canada who will accept me in a clinical elective;
  - ✓ all travel documentation or other documentation required for an international clinical elective;
  - ✓ transportation to and from the country in which the international clinical elective is to take place;
  - ✓ accommodation in the country in which the international clinical elective is to take place;
  - ✓ any personal injury, health or other insurance coverage that may apply to me
  
2. **I AM AWARE** of the possibility of personal risks due to my undertaking the international clinical elective including the exposure to foreign diseases, different legal and cultural standards and freely accept and fully assume all risks, dangers and hazards.
  
3. **I AM ALSO AWARE** that clinical agencies require students to be immunized before accepting them in a clinical elective; that I will inform myself of the appropriate immunizations for the international clinical elective and obtain such immunizations at my expense prior to starting the international clinical elective.

**IN CONSIDERATION** of my voluntary choice in undertaking an international clinical elective and recognizing that I chose the international clinical agency and that the Faculty and/or the University of Ottawa can not fully screen the international clinical agency nor the conditions under which I will be working, **I FURTHER AGREE AS FOLLOWS:**

4. **TO WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against the University of Ottawa, its directors, officers, employees, students, volunteers and other representatives (hereinafter collectively referred to as the **University**) arising from the international clinical elective and other associated activities;
  
5. **TO RELEASE** the University from any and all liability for death or any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer arising from the international clinical elective due to any cause whatsoever;
  
6. **TO INDEMNIFY** the University from any and all liability for any personal injury to, or death of, myself, arising from the international clinical elective;
  
7. **THAT THIS DOCUMENT** shall be binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity; **THAT I HAVE READ AND I UNDERSTAND ITS CONTENT; AND THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN LEGAL RIGHTS** which I or my heirs, next of kin, executors, administrators and assigns may have against the University.

SIGNED at Ottawa this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Name of student (print)

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Name of witness (print)

\_\_\_\_\_  
Signature of witness