



Health Statement and Liability Waiver

Legal Name:

Cell Phone #:

Permanent Address:

Program City/Country:

Program Name:

Traveling and living abroad involves activities that could pose risks to the personal safety of participants. Participants should understand the following:

- The pressures of living and studying in a foreign country are considerable.
- In some cases, mild disorders can become serious under the stress of life and study in a new environment. Physical and mental health problems can be exacerbated by local conditions (pollution, climate, diet), the stress of cultural adjustment, and differences in medical practices overseas.
- The system of U.S. health care may not be replicated in the host country. Sanitation and medical facilities may be inferior to that in the United States. Medical attention may be several hours or days away in the case of an emergency.
- All participants should have a physical examination and dental examination prior to participation in the program and discuss the risks associated with participation with your medical provider. Whitman College may require a physician's consent as a precondition of participation, depending on the information provided below.
- It is important that Whitman College and the particular study abroad program you attend be forewarned of any medical or emotional problems that might impact the participant in an off-campus study context. Whitman College may release information provided by the student below to the study abroad program staff if it is deemed necessary.

I have read and understand the above. (SIGN): _____

1. Do you have any disabilities (including learning disabilities), medical conditions, psychological conditions, past injuries or other physical conditions that could impact your participation during your off-campus studies? YES _____ NO _____

If yes, describe the disability or condition:

If yes, describe any disability/learning accommodation that you receive already while at Whitman College:

If yes, describe any disability/learning accommodation that you may need in order to participate in this program:

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2. Please list any allergies, the allergic reaction that you have, and what medical intervention(s) you need in response to the allergy:		
Allergy	Allergic Reaction	Medical Intervention
3. Please list any current medications (prescription and nonprescription) <u>and</u> the reason that you take each medication:		
Current Medication(s):	Reason for taking medication	
4. Please list any medical alert information, such as chronic conditions:		
5. Are you under the care of a medical specialist or mental health counselor? YES ___ NO ___		
If yes, describe the needs you think you <u>may</u> have for a medical specialist or mental health counselor, while studying off campus:		
If yes, note that resources abroad may be very different from those at Whitman College. It is the student's responsibility to consult with their OCS program provider and/or Whitman OCS about whether or not resources needed are in fact available in that destination.		
6. What plans for self-care do you have while studying off campus?		



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PERSON TO CONTACT IN CASE OF AN EMERGENCY	
Name:	
Primary Phone #:	Secondary Phone #:
Email Address:	
Address:	

I FULLY REALIZE THE DANGERS OF PARTICIPATING IN A STUDY ABROAD PROGRAM OF THIS TYPE AND VOLUNTARILY ASSUME ALL THE RISKS ASSOCIATED WITH SUCH PARTICIPATION. I understand the risks include, by way of example and not limitation, the following: travel by air, train, bus, car and other modes of transportation, potential political violence, hazardous weather, absence of reliable and accessible communication and other unforeseen events. *I have read and understand the above. (INITIAL HERE) _____*

It is my responsibility to carefully read the health and safety information related to study abroad in my destination as provided by the program or the trip leader. I have also read carefully the Center for Disease Control (CDC) and the U.S. Department of State reports sent to me and have discussed this information with my parents/guardian and medical provider. I take responsibility for the consequences of not following CDC or program immunization, vaccination or prophylaxis recommendations. *I have read and understand the above. (INITIAL HERE) _____*

I agree that it is my sole responsibility to be familiar with the physical and/or mental demands associated with participation in this Study Abroad program. With these demands in mind, I have no physical or medical condition which, to my knowledge, would endanger others or myself if I participate in this trip, or would interfere with my ability to participate in this program. I also agree to abide by any established rules or regulations while in this program. *I have read and understand the above. (INITIAL HERE) _____*

I understand and agree that situations may arise during the program, which may be beyond anyone's control. I agree to indemnify and release Whitman College, its officials and its employees against any loss or expense including attorney fees resulting from bodily injury, property damage or personal injury arising out of any and all activities involved with the event. This holds harmless and indemnification does not apply to gross negligence on the part of Whitman College, its officials, or employees. *I have read and understand the above. (INITIAL HERE) _____*

I agree, for myself and my successors, assigns, beneficiaries, executors, and my personal estate, that the above representations and agreements are contractually binding, and are not mere recitals. I agree that my failure or refusal to sign other such agreements or releases shall in no way affect the validity of this agreement nor revoke or cancel any of the terms of this claim or bring any suite in violation of this agreement. I, or any of my successors, shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending against such claim or suit. This agreement may not be modified orally. *I have read and understand the above. (INITIAL HERE) _____*

I HAVE CAREFULLY READ THIS FORM AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY, A WAIVER OF CLAIMS, AN AGREEMENT NOT TO SUE, AND A CONTRACT BETWEEN MYSELF AND WHITMAN COLLEGE, AND FOR THE BENEFIT OF OTHERS DESCRIBED HEREIN, I SIGN IT OF MY OWN FREE WILL. *I have read and understand the above. (INITIAL HERE) _____*



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PARENT OR GUARDIAN of a minor: I, as a parent or guardian of the below named minor (student under age 18), hereby give my permission of my child or ward to participate in the above named trip, and further agree, individually and on behalf of my child or ward, to the terms of the above.

Name of minor: _____

I have read and understand the above. (INITIAL HERE) _____

If any word(s), phrases(s), or term(s) of this Health Statement and Liability Waiver are declared invalid or unenforceable by any court for any reasons, the remaining words, phrases, and terms shall be valid and enforceable and construed as if the invalid or unenforceable word(s), phrases(s), or term(s) were deleted.

I have read and understand the above. (INITIAL HERE) _____

**NOTICE: THIS WAIVER IS A CONTRACT WITH LEGAL CONSEQUENCES. READ IT CAREFULLY BEFORE SIGNING!
YOU WILL RELINQUISH RIGHTS OTHERWISE ACCURING TO YOUR BENEFIT BY OPERATION OF LAW.**

Participant's Name (printed)

Date

Participant Signature

Parent/Guardian Name (printed)

(only if participant is under age 18)

Date

Parent/Guardian Signature

(only if participant is under age 18)