

McGaw Increased Risk Travel Release

For study/research/travel in a country currently under a U.S. Department of State Travel Warning and/or a Centers for Disease Control and Prevention Travel Notice Level Three: Avoid Nonessential Travel

NOTE: THIS TRAVEL RELEASE IS A SUPPLEMENT TO THE MCGAW MEDICAL CENTER FOR GRADUATE MEDICAL EDUCATION OVERSEAS ROTATION ACKNOWLEDGEMENT, WAIVER AND RELEASE FORM, BOTH OF WHICH SHALL APPLY WHEN A MCGAW RESIDENT OR FELLOW TRAVELS TO A COUNTRY CURRENTLY UNDER A U.S. DEPARTMENT OF STATE TRAVEL WARNING AND/OR CENTERS FOR DISEASE CONTROL AND PREVENTION TRAVEL NOTICE LEVEL THREE.

Trainee Traveler's Name: _____

McGaw Training Program: _____

Travel Dates: _____

Destination(s): _____

Partner or Host Institution/Organization (if applicable): _____

Attach Itinerary (include modes of transportation to, within and from destination(s), hotels/housing, and schedule).

In connection with my trip to the above-referenced destination(s):

- 1) I have carefully identified, reviewed and considered the risks of travel to my destination(s), including reading the most recent relevant U.S. Department of State ("DoS") Travel Warning(s), available through <http://travel.state.gov/>, any applicable U.S. Centers for Disease Control and Prevention Travel Notice Level Three: Avoid Nonessential Travel, available through <http://wwwnc.cdc.gov/travel/notices>, the most recent relevant International SOS Security Alerts and Security Reports, available through http://www.internationalsos.com/members_home/login/clientAccess.cfm?CustNo=11BCAS000003 (membership ID# 11BCAS000003), and Northwestern University's Travel Warning Policies, available at <http://www.northwestern.edu/risk/policies/travel-warning.html>.
- 2) I have provided a description of the proposed project to the program, department, or school that is funding the trip and have received written approval from the funding authority. I have also received written approval from my department chair and dean and/or supervisor. I acknowledge that McGaw retains the right to withdraw permission for any approved travel at any time.
- 3) I understand it is my responsibility to review the health risks associated with my travel destination through the Centers for Disease Control and Prevention Travelers Health resource, available at <http://wwwnc.cdc.gov/travel/destinations/list.htm>, and to discuss required or recommended vaccinations with a travel health professional, if applicable.

- 4) I am aware that because McGaw's health insurance plan has limited applicability abroad, I am required to purchase a specialized international medical insurance plan specific to my dates of travel through Geoblue Insurance (<http://www.northwestern.edu/global-safety-security/health-safety/travel-health/geoblue-global-health-insurance/geoblue-for-students.html>).
- 5) I acknowledge that I am voluntarily participating in the travel described above. I also acknowledge that my participation in this travel may expose me to significant risks, including but not limited to terrorism, war, disease, serious bodily injury or death, property damage, and other risks that may not be foreseeable. I acknowledge that the DoS has issued a Travel Warning and/or the U.S. Centers for Disease Control and Prevention has issued a Travel Notice Level Three: Avoid Nonessential Travel for the above destination(s). I understand that McGaw is not responsible for my safety and I assume full responsibility for all risks associated with my travel.
- 6) I know that I am not required to travel to my destination(s).
- 7) I know conditions in my destination(s) may change rapidly and will stay informed of current events on a frequent, at least daily, basis by obtaining updated security and health information from and enrolling in the U.S. State Department's Smart Traveler Enrollment Program (STEP) at <https://step.state.gov/step/>, which also accepts enrollment for non-U.S. citizens. I understand that non-U.S. citizens are also strongly encouraged, if possible, to register with one's home country Embassy or Consulate and get updated information from the U.S. and home country Embassies or Consulates, as well as the DoS, CDC and ISOS websites.
- 8) I know that because conditions in my destination(s) may change rapidly, I may be required to return to the United States before completing my academic goals. I understand that in such an instance I may not receive full academic credit or a refund of tuition or any other fees paid for the experience and that I may incur additional personal and/or travel expenses.
- 9) If I travel away from the destination described above, I will inform my faculty supervisor of such travels, including dates away from my original destination, mode of transportation, destination(s), cell phone or other emergency contact information, and date of return to my original destination. I understand that my failure to comply with this provision may result in my immediate dismissal from the program, additional sanctions upon return to McGaw up to and including exclusion from the McGaw program and withdrawal of funding or financial aid for expenses in connection with my program.
- 10) I understand that all students traveling abroad must adhere to McGaw rules and regulations, as explained in the McGaw Handbook. I understand that if I am dismissed from the program for violation of any applicable rules, I will not receive academic credit or a refund of any fees or expenses paid for the program and that I may incur additional personal and/or travel expenses. In addition, students traveling abroad who violate McGaw rules and regulations may be subject to further disciplinary action upon returning to McGaw.
- 11) **WAIVER AND RELEASE OF CLAIMS.** I hereby release, waive, discharge and covenant not to sue McGaw, its corporate members and their respective trustees, officers, agents or employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and

causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, in connection with travel and/or study at the destination(s) described above. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my traveling to the destination(s) described above. I further hereby agree to defend, indemnify and save and hold harmless the releasees and each of them, from any loss, liability, damage or costs they may incur as a result of my travels. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees.

TRAVELER'S SIGNATURE _____ DATE _____

McGaw Program Director – PRINTED NAME, SIGNATURE, AND DATE

Associate Dean of GME / DIO