



**MEDICAL TREATMENT RELEASE AND EMERGENCY CONTACT**

First and Last Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Off-Campus Address: \_\_\_\_\_

**Emergency Contacts** (note: these are the people MU will contact in case of emergency):

1. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Phone Number \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Phone Number \_\_\_\_\_

**Insurance information: Attach a front and back copy of your insurance card.** (note: This information will be provided to medical personnel should you need medical attention at any time during this trip):

Primary Medical Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Participant Health summary**

Allergies (medications, foods, etc.) \_\_\_\_\_

Current Medication(s) \_\_\_\_\_

Recent Illnesses (past 12 months) \_\_\_\_\_

**Current dietary/medical/other restrictions**

Are you currently on a special or restricted diet?      Yes      No      If yes, please provide details below.

Please note any medical restrictions:

\*I understand that I am responsible for managing my medications and dietary needs. \_\_\_\_\_ (initial)

Note any health conditions of which the faculty leader or Marian University staff should be aware:

**IMPORTANT NOTE FOR INTERNATIONAL TRIPS**

In accordance with the university's international travel policy of 12/15 all international travelers are required to enroll in the U.S. Department of State's STEP Smart Traveler Enrollment Program at this address: <http://travel.state.gov/content/passports/en/go.html>

For any international trip, it is the responsibility of the students and chaperones to review and complete the appropriate immunizations and vaccinations that are needed for the specific geographic location to which the travel is occurring.

To become familiar with the health risks that exist in a specific part of the world, please reference the *CDC Health Information for International Travel* publication, commonly referred to as the Yellow Book. The Centers for Disease Control and Prevention publishes a new edition every two years.

You can access the Yellow Book at this address:  
<http://wwwnc.cdc.gov/travel/yellowbook/2014/table-of-contents>

**SA Form # 3**  
updated 8/9/16

**RELEASE OF LIABILITY, WAIVER OF RIGHTS, ASSUMPTION OF RISKS  
AND INDEMNITY AGREEMENT FOR INTERNATIONAL TRAVEL**

I, \_\_\_\_\_ [Print Name] hereby acknowledge that I have voluntarily elected to participate in the \_\_\_\_\_ Program ("Program") to be held in the \_\_\_\_\_ [Name of Country/Countries] from \_\_\_\_\_ [Dates].

**In consideration for being permitted by Marian University (Marian) to participate in the Program identified above, I hereby acknowledge and agree to the following:**

**ELECTIVE PARTICIPATION:** I acknowledge that my participation in the Program identified above is elective and voluntary and is not required by Marian.

**RULES AND REQUIREMENTS:** I agree to conduct myself in accordance with all Marian policies and procedures, including, as applicable, the Marian Student Code of Rights and Responsibilities, the Faculty Handbook, or the Staff Handbook. I further agree to abide by all of the rules and requirements of the Program identified above and to follow the appropriate directions of any Marian faculty or staff member associated with that Program. I acknowledge that Marian has the right to terminate my participation in the Program if it is determined that my conduct is detrimental to the best interests of the group, if my conduct violates any rule of the Program, or for any other reason in Marian's sole discretion. I understand that in the event my participation in the Program is terminated for violating any rule of the Program, I will be solely responsible for the cost of the return travel. I further understand and agree that Marian is not responsible for any injury or damage that I sustain if I travel independently or am otherwise separated or absent from Marian-sponsored activities. I acknowledge that I am solely responsible for any legal problems I encounter with any foreign nationals or government and Marian is not responsible for providing any assistance under those circumstances.

**INFORMED CONSENT AND ASSUMPTION OF RISK:** I have been informed of and I understand the various aspects of the Program, including but not limited to the fact that the Program is held in and around \_\_\_\_\_ [Name of Country/Countries]. I understand that travel within and outside of the United States may sometimes be dangerous, and I accept the risks of such travel. I have received and reviewed the travel itinerary for the Program and understand the risks involved in traveling, including but not limited to foreign political, legal, social, and economic conditions, language barriers, safety hazards, crime, disease, consumption of food, civil unrest or hostilities, terrorism, war, natural disasters and weather conditions, and negligent first-aid or medical treatment. I further understand that serious injuries could occur during my participation in the Program and that as a Participant I could sustain personal injuries, illness, property damage or even death as a consequence of participation, of local transportation to and from the Program site(s) or during excursions, and of international travel. I understand that such injuries, illness, property damage or even death may be as a consequence of not only Marian's actions or inactions, but the actions, inactions, negligence or fault of others, and that there may be other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any injury, illness, property damage, disability, or death that I may sustain by any means is my sole responsibility except for those occurrences due to Marian's negligence or intentional acts. **I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF MARIAN, ITS BOARD OF TRUSTEES, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, AND ANY STUDENTS (hereinafter referred to as "Releasees"), UNLESS THEY ARISE FROM THE RELEASEES' INTENTIONAL OR NEGLIGENT ACTS, AND ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION IN THE PROGRAM.**

**RELEASE AND WAIVER OF LIABILITY AND INDEMNIFICATION:** I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns agree to **HOLD HARMLESS, DEFEND, INDEMNIFY, WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE** Releasees for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees) arising from or relating to any injury, illness, property damage, disability or death that I may suffer as a result of my participation in the Program, **REGARDLESS OF WHETHER THE INJURY, ILLNESS, DAMAGE, DISABILITY OR DEATH IS CAUSED BY THE RELEASEES' NEGLIGENCE OR INTENTIONAL ACTS, AND REGARDLESS OF WHETHER THE INJURY, ILLNESS, DAMAGE, DISABILITY OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT TO OR FROM THE PREMISES WHERE THE PROGRAM ACTIVITY OR ANY ADJUNCT TO THE PROGRAM ACTIVITY OCCURS OR IS BEING CONDUCTED.** I further agree that the Releasees are not in any way responsible for any injury, illness, disability or damage that I sustain as a result of my own negligent acts.

**PERSONAL BELONGINGS:** I understand and acknowledge that Marian is not responsible for the loss of any personal belongings or property that I sustain during my participation in the Program, including but not limited to the loss of credit cards, cash, luggage and other items.

**PERSONAL MEDICAL INSURANCE:** I agree to purchase and maintain during the term of the Program personal medical insurance that meets Marian's minimum coverage requirements and is applicable to the countries to which I am traveling as indicated on my itinerary for the Program. I further acknowledge that I am responsible for the cost of any and all medical and health services I may require as a result of participating in the Program. If the participant has verified that the personal insurance carrier meets all five minimum coverage requirements, the participant must then submit evidence of required coverage to the Marian Study Abroad Office and a copy will be retained on the student's study abroad file.

The minimum coverage requirements are as follows:

- \$200,000 Benefit for Injury or Sickness
- \$50,000 Benefit for Medical Evacuations
- \$20,000 Benefit for Repatriation of Remains
- \$7,500 Benefit for Accidental Death and Dismemberment
- Evacuation benefits in case of political/natural disaster

**MEDICAL CONSENT:** I understand and agree that Releasees do not have medical personnel available at the location of the Program. In the event of a medical emergency, I authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that Marian personnel deem necessary for my safety and protection. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

**CHOICE OF LAW:** I hereby agree that this Agreement shall be construed in accordance with the laws of the State of Indiana.

**SEVERABILITY:** If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement, the validity of the remaining portions shall not be affected thereby.

I hereby authorize and give my consent to Marian University Student Health Center medical providers, personnel, and such Marian University designated health care representatives to examine and/or treat me for minor injury or illness. I also consent to any necessary health care treatment or first aid by appropriate Marian University personnel, and I further consent to such necessary health care treatment and medical procedures that may be deemed appropriate by a licensed healthcare provider in a medical facility. I also authorize to disclose necessary information to off campus health care providers as needed to treat an injury or illness.

**I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS.**

**I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES.**

**I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**BY MY SIGNATURE I REPRESENT THAT I AM AT LEAST EIGHTEEN YEARS OF AGE.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact 1

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact 2

Home # \_\_\_\_\_ Cell # \_\_\_\_\_