

SUNY Downstate Medical Center  
College of Health Related Professions  
Midwifery Education Program  
Travel Release  
International Health Policy Program

In consideration for permitting me to participate in the International Health Policy Program, which will or may involve travel in, from, to, and about New York, New York, and/or in, to, from, and about other points, including without being limited to London, England, I hereby agree for myself, my heirs, executors, administrators, successors and assigns:

(a) to release and discharge SUNY Downstate Medical Center from any liability or responsibility for any injury (including death), and for any damage to or loss of property, however caused, that I suffer as a result of or in connection with my participation in the Program or any travel related to the Program, including, without being limited to, any injury, loss, or damage resulting from, arising out of, or occurring in connection with the negligent acts or omissions of members of the faculty or other employees or agents of the University.

(b) not to raise any claim or to institute any legal action or proceeding, on my behalf, against the University for any cause of action that may result from or arise out of or in connection with my participation in the Program or any travel related to the Program, for any injury (including death) to me, or for any damage to or loss of my property, including, without being limited to, injury, loss, or damage that may result from or arise out of or in connection with the negligent acts or omissions of members of the faculty or other employees or agents of the University; and

(c) to indemnify the University and hold it safe and harmless from and against any claim or cause of action asserted by me, against the University, for loss of, or damage or injury (including death) to my person or property resulting from, arising out of, or occurring in connection with my participation in the Program or any travel related to the Program.

All references to the University in this form shall include, and all provisions of this form shall inure to the benefit of, the University's trustees, officers, employees, agents, and representatives.

I will inform an appropriate representative of the School named above of any special information regarding my health, or physical or mental condition that may be relevant to my participation in the Program or any travel related to the Program.

This agreement shall be governed by and construed in accordance with the laws of the State of New York applicable to contracts entered into and intended to be performed solely within the State of New York. I shall submit to the jurisdiction of the federal and state courts located in Kings County, New York State for the resolution of disputes arising hereunder or relating hereto, regardless of the place of execution hereof.

<hr/> <p>Student's Name (please print)</p>	I am a: (check one)
	<input type="checkbox"/> Matriculated Student
	<input type="checkbox"/> Non-matriculated Student
<hr/> <p>Signature</p>	<p>Witness</p>
<hr/> <p>Address</p>	
<hr/> <p>Date</p>	
	<p>Signature <span style="float: right;">(Date)</span></p>