



### FOREIGN TRAVEL RELEASE FORM

Please complete and return a hard copy of this form to the Master of Public Health's Public Health Practice Coordinator at least two weeks prior to departure.

\_\_\_\_\_  
Name University ID Number

\_\_\_\_\_  
Capstone/Internship Site Dates of Travel

NYU Master of Public Health Capstone/Internship

In consideration for permitting me to participate in the program described in the attachment to this agreement (the "Program"), which Program will or may involve travel in, from, and to the United States, and in, to, and from places abroad, including, without being limited to, \_\_\_\_\_(Primary destination), I hereby agree to the fullest extent permitted by law:

- (a) to release and discharge New York University (the "University") 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 and acceptance of services relating to 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; and
- (b) not to raise any claim or institute any legal actions or proceeding 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, acceptance of services relating to the program, or any travel related to the Program, including, without being limited to, any cause of action that my result from or arise out of or in connection with the negligent acts or omissions of the members of the faculty or other employees or agents of the University.

International travel and living abroad have inherent risks outside the control of the University which in part may be affected by my own actions in following the standard guidelines concerning medicine, travel, and safety.

My questions, if any, about this form have been answered and I understand the risks associated with the Program, and the terms and conditions of this release. I further state that the foregoing release and indemnification agreement has been carefully read, and I know of the contents thereof and have signed the same by my own free act.

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

I will inform an appropriate representative of the University 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 release 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 New York County, New York State, for the resolution of the disputes arising hereunder or relating hereto, regardless of the place of execution hereof.

\_\_\_\_\_  
Name Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature Date

CC: MPH Student File

