VOLUNTARY PARTICIPATION AND ASSUMPTION OF RISK AGREEMENT

**[Program] Residency Special Project**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME (PLEASE PRINT)

In consideration for being approved to participate in the **[Program]** Residency Special Project in **[Location of Rotation]**, I hereby agree to the following:

1. My participation in the international rotation program is entirely voluntary. I understand and acknowledge that, while I have chosen to participate in this Special Project to gain exposure to medicine in an international setting, an international Special Project is not a requirement of my **[Program]** Residency Program. I understand that I would be able to fulfill all requirements of my residency without participating in this trip or traveling internationally.
2. I acknowledge that foreign travel may entail risks of personal injury, bodily injury, and/or property damage, including but not limited to emotional distress, kidnapping, limited access to health care, food, or water, exposure to local public health risks, terrorist attacks, war, and death.
3. I acknowledge, understand, and accept the risks of travel to **[Location of Rotation],** including those listed on the attached Consular Information Sheet issued by the United States Department of State on **[Issue Date]** (receipt of which is hereby acknowledged), and that it is my responsibility to obtain current safety information on travel to, and within **[Location of Rotation]** from the U.S. State Department web page <http://travel.state.gov/> and that country’s U.S. Embassy. I also acknowledge and understand conditions in **[Location of Rotation]** may change at any time.
4. I agree to assume all risks relating to this trip and I hereby waive any and all claims against UNC Hospitals, UNC at Chapel Hill, and the UNC Health Care System for any loss including but not limited to personal injury, bodily injury, and/or property damage arising out of my participation in this international rotation program, except that I do not waive any rights that I may have under the North Carolina Workers’ Compensation Act.
5. I understand that I am personally responsible for all my visa, public health and customs compliance, and that if I am not a U.S. citizen or permanent resident alien, reentry to the United States may not be automatic.

**I have carefully read this document with the opportunity to consult an attorney if I wish. I understand that it is binding on myself, my heirs, my assigns, and personal representatives.**

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| **FOR AND ON BEHALF OF THE UNIVERSITY OF NORTH CAROLINA HEALTH CARE SYSTEM** |  | **RESIDENT PHYSICIAN** |
| Print Name |  | Print Name |
| Signature |  | Signature |
| Date |  | Date |