



Virginia Commonwealth University

Agreement and Release for Domestic Elective

Virginia Commonwealth University School of Medicine

Student's Name: _____

Address: _____

Telephone: _____ Email: _____

Name of Elective: _____

Exclusive Dates of Elective: _____

Preceptor's Name: _____

Preceptor's Address: _____

Preceptor's Telephone: _____

Preceptor's Email: _____

Emergency Contact Information:

Name: _____

Address: _____

Telephone: _____ Email: _____

Program Participation: I agree to participate in all aspects of the domestic elective that are organized by the hosting preceptor/institution. I understand that I must be enrolled in the required course/clerkship work, and that any deviation from the normal course/clerkship schedule and/or program design must be approved in advance in writing by the hosting preceptor/institution.

Program Provider Regulations: I agree to abide by all rules and regulations regarding participation in the domestic elective including authorization for absences from programmed activities, as set out by the hosting preceptor/institution, and by all laws, rules, and regulations pertaining to my student status.

Health and Medical Insurance: I certify that I am free of medical conditions that would endanger my life, health, or well-being while traveling domestically or that would impede my ability to fully participate in all aspects of the elective. Further, I understand that I must disclose any pre-existing conditions which may affect my participation in domestic elective activities. I also certify that I have accident and illness insurance for provision of emergency medical care, as recommended by the preceptor/hosting institution, in case of accident or illness during the program.

Travel Warnings: Domestic travel may be risky. I certify that I have read all Travel Warnings provided to me by the preceptor/hosting institution and the Department of State. I understand that it is my exclusive responsibility to keep informed of any changes in Travel Warnings issued by the Department of State and to decide accordingly on my participation in the domestic elective.

Agreement and Release: In consideration of permission granted by the Board of Visitors of the Virginia Commonwealth University, I, for myself, my executors, administrators, and successors hereby release and hold harmless the Virginia Commonwealth University, its visitors, officers, employees, and agents from any and all claims and causes for action including, but not limited to, loss or destruction of property and personal injury, including, but not limited to, death, which may be sustained by me whether within or outside of controlled travel or activity related directly or indirectly to the elective program.

Name (Please Print)

Signature of Student

Date