

Student Waiver

As a medical student enrolled in the University of Arizona – College of Medicine, and as the undersigned, I do hereby understand and accept that during my elective rotation for the period of _____ – _____ in _____ (country), throughout which I will be supervised by a non-UA/UPH physician, the University of Arizona will have no direct control over my activities, professional or otherwise. In addition, the University has not evaluated the working or health conditions of the site chosen for this rotation. I accept this rotation voluntarily and understand that my refusal to participate in it would have no adverse effect on my training.

I have also reviewed the University’s Department of Risk Management and Safety website, specifically the International Insurance Program Overview.

Student Name

Student Signature

Date

(UA authorized staff signature)

Date