ULM STUDENT MEDICAL LIABILITY WAIVER
[Domestic and International Travel]

I attest that I am attending this trip on my own free will and I hereby release the University of Louisiana at Monroe, its faculty, staff, or agents from any and all responsibility or negligence of any nature whatsoever. No binding special relationship, exist between me and the University for injury or damage that may occur as a result of any medical care received, domestic or international, including but not limited to medical malpractice or treatment that is not in accordance with U.S. medical practice. Furthermore, I agree to hold harmless any faculty, staff or agent of the University of Louisiana at Monroe for any medical decisions made on my behalf and I understand that I am financially responsible for all charges for any medical treatment received by me, whether or not paid by insurance. _____

<div align="center">Initial</div>

I understand and agree the University cannot be expected to control all of the risk articulated in this form, but may need to respond to accidents and potential emergency situations. Therefore, **I hereby give my consent** for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility. Neither the University nor the sponsoring department or organization carry medical or accident insurance for the activities mentioned unless the participants are informed otherwise. As such, participants should review their personal insurance policies.

I also understand and agree that I am solely responsible for any special services necessitated by any existing medical condition or disability listed above, and that the University of Louisiana at Monroe is not responsible in any way for the provision of such services. _____

<div align="center">Initial</div>

Please list any special services you may require due to an existing medical condition or disability. _____

_____

_____

Print name _____   CWID # _____

Signature   _____   Date   _____

The **ORIGINAL** of this form is to be taken on the trip. Copies are to be on file in the sponsoring department's office.

Domestic & International Travel