

**ASSUMPTION OF RISK, RELEASE OF LIABILITY, LIMITED  
MEDICAL AUTHORIZATION, AGREEMENT TO CODE OF CONDUCT**

Sponsoring Entity: **Dr. Z Travel, LLC**

Program location:

Dates:

**Assumption of Risk and Release of Liability:** I recognize that participation in an international travel program entails certain risks to my property and person that, in rare circumstances, can be serious or even fatal. I freely assume those risks. I, for myself, my executors, administrators, heirs and assigns, waive any and all claims, rights, demands, causes of action and/or lawsuits against the Dr. Z Travel, LLC and its officers, as well as their heirs or their estates of any kind for death, injury, loss, damage, accident, delay, irregularity, financial obligation or expense now existing or which may arise out of or be incurred in connection with my participation in the above-named program, including, without limitation, any related travel, circumstances or activities. Further, I agree that any claim I may bring shall be governed by the laws of the State of Ohio and shall be pursued only in the appropriate court or administrative agency within the State of Ohio. I understand that it is my responsibility to obtain medical insurance coverage before traveling overseas through my healthcare provider and, if requested, to provide evidence of such coverage to Dr. Z Travel, LLC. I understand that it is my responsibility to understand the limitations of this coverage. I further acknowledge that I am free to purchase additional medical insurance if I so choose, and recognize that Dr. Z Travel, LLC is not responsible for any uninsured loss.

**Medical Emergency:** In the event of an emergency in the view of the Dr. Z Travel, LLC representatives, I authorize representatives of Dr. Z Travel, LLC to take whatever action that, in their judgment, they deem warranted and appropriate regarding my health and safety, including, but not limited to, arranging for hospitalization or evaluation by any health care facility, consenting to medical treatment, and/or arranging for my transportation if deemed appropriate by the representatives of Dr. Z Travel, LLC. Further, I acknowledge and agree that neither this document, nor any actions taken by Dr. Z Travel, LLC or its representatives, creates any special duty on the part of Dr. Z Travel, LLC whatsoever, including, but not limited to, a special duty to control the conduct of a third person or otherwise prevent him or her from causing harm to me.

**Code of Conduct:** I hereby agree that I will be subject to the supervision and authority of the representative(s) and/or agent(s) in charge; that the standards of conduct will be stipulated by the representative(s) and/or agent(s) that I will meet; and that I will display maturity and responsibility. I agree not to engage in potentially dangerous behavior, illegal activity, or activity that violates any Dr. Z Travel, LLC policy, rule or regulation while participating in this program and/or its related activities. I also understand and agree that the representative(s) and/or agent(s) in charge have the sole

authority to make decisions regarding my continued participation in the program and any disciplinary action they deem warranted.

Having read the above and desiring to participate in the program, I hereby apply to participate. I understand that if I drop/withdraw after the application deadline, I am responsible for any expenses incurred by Dr. Z Travel, LLC on my behalf. Should Dr. Z Travel, LLC cancel the trip, a refund will be issued according to Dr. Z Travel, LLC policies. Further, I have read and understand the procedures for registration, payment of fees, and all other applicable Dr. Z Travel, LLC regulations, and will provide upon request information (including a health care provider's statement) about any medical problems I have that might affect my ability to fully participate in all trip activities

I have carefully read the Assumption of Risk, Release of Liability, Limited Medical Authorization, Agreement to Code of Conduct ("Release"), have had time to fully consider it and consult with an attorney if desired, and understand its provisions. In consideration of my being permitted to participate in this Dr. Z Travel, LLC program and for other valuable consideration, I hereby agree to this Release of my own free will.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*If the applicant is under the age of majority at the time he or she is making this application, his or her parent or legal guardian must review and sign in the space indicated below.*

For minor travelers:

I certify that I am the parent or legal guardian of (Name of Participant) \_\_\_\_\_ who has applied for participation in the above-named program. I have carefully read the Release set forth above, have had time to fully consider it and consult with an attorney if desired, and I understand its provisions. In consideration of (Name of Participant) \_\_\_\_\_ being permitted to participate in the program, I accept and agree to be bound by the provisions of the Release of my own free will on my own behalf and on the behalf of (Name of Participant) \_\_\_\_\_.

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Date

**MEDICAL TREATMENT CONSENT FORM**

I, (the participant) \_\_\_\_\_, OR, I (the undersigned parent/legal guardian of the participant under 18) \_\_\_\_\_, authorize the employee(s) or agent(s) of Dr. Z Travel, LLC to contact the person(s) named on this form directly, and do authorize physicians to render such treatment as they may consider necessary for the health of the above-named student.

In the event of an emergency in the view of the Dr. Z Travel, LLC representatives, I authorize the representatives to take whatever action that, in their judgment, they deem warranted and appropriate regarding my health and safety, including, but not limited to, arranging for hospitalization or evaluation by any health care facility, consenting to medical treatment, and/or arranging for my transportation if deemed appropriate by the Dr. Z Travel, LLC representatives. Further, I acknowledge and agree that neither this document, nor any actions taken by Dr. Z Travel, LLC or its representatives in connection with any such medical emergency, creates any special duty on the part of Dr. Z Travel, LLC whatsoever, including, but not limited to, a special duty to control the conduct of a third person or otherwise prevent him or her from causing harm to me.

**List name of the individual(s) who you would like us to attempt to reach regarding treatment in case if an emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_

**Medical Insurance Information:**

Primary Health Insurance Company: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Address: \_\_\_\_\_  
Subscriber's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

Secondary Health Insurance Company: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Address: \_\_\_\_\_  
Subscriber's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

**Signature of Participant:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Legal Guardian (if participant is under 18):**

\_\_\_\_\_ **Date:** \_\_\_\_\_