

Physician Assistant Education Association
International Rotations Subcommittee
Indemnity Release Topics
Published 2012; Updated 2016

This resource is for Physician Assistant (PA) educators who are interested in developing sustainable, mutually beneficial partnerships with clinical sites outside of the United States for students' clinical and cultural learning. This resource is meant to inform PA faculty about what topics may be included in an indemnity release form that many institutions require students to complete prior to participating in an international clinical experience. Sample language is included for some topic areas. In this resource the term institution refers to the PA program and the university or college that it is a part of. The following information should be referenced as an example and PA educators should consult with administration and legal counsel at their own institution to utilize existing forms or create new forms if necessary.

Statement of Student's Voluntary Participation

Sample Language: *I have agreed to participate in an International Elective rotation through the institution's Physician Assistant Program. My participation in the rotation is entirely voluntary. In consideration of my participation I release the Institution from liability and assume the risks as follows:*

Risks of International Travel

Content Considerations: May include a list of any possible risks of international travel based on general information and the host country.

Sample Language: *I understand that participation in an international rotation may involve risks or dangers not typically encountered while studying at the institution or in the United States. Risks may include air and ground transportation, as well as foreign, political, cultural, environmental, economic conditions. I acknowledge and accept these risks may be encountered as part of the international rotation.*

Risk of Medical Emergency

Content Considerations: Requirements for comprehensive travel insurance policy for care in country and evacuation/repatriation, immunization guidelines, blood and body fluid post-exposure prophylaxis policy and procedures, and authorization of emergency treatment

Sample Language: *I understand that on rare occasions an emergency may develop while I am overseas on an institution-sponsored course, which necessitates the administration of medical care, hospitalization, or surgery. It is understood that such treatment shall be solely at my expense and I agree to reimburse the institution for any expenses, which it might suffer on account of said injury or treatment thereof.*

Indemnification of the Institution/Program

Sample Language: *I agree to indemnify and hold harmless the institution and its representative(s) and agent(s) from any and all claims and causes of action for damage to or loss of property,*

personal illness, or injury, or death arising out of travel or activity conducted by or under the control of the institution with regard to the aforesaid program.

Independent Travel

Sample Language: I understand and acknowledge that I may encounter additional and/or increased risk if traveling away from the location of my rotation. I assume all risks that may arise out of this independent travel and agree that the Institution shall hold no responsibility or liability for any injury or loss suffered as a result of my choice to take on this travel.

Rules of Conduct

Content Considerations: May reference expectations for behavior/conduct described in the institution's student handbook, the profession's respective competencies, U.S. law, and the laws of the host country.

Sample Language: I understand that as a participant in this international study program, I am subject to the laws of the country where I am studying. I also understand that it is my responsibility to be informed about the laws of that country and to conduct myself in a manner that complies with those laws. The Institution shall not, under any circumstances, be responsible for any illegal activities that I might engage in. I further agree to abide by the policies of the program. I understand that the Institution has the authority to discontinue my participation in the said program if, in the judgment of the Institution, my conduct is unacceptable.

Withdrawal from International Experience or Program

Sample Language: I further understand that I am solely responsible for any and all costs arising out of my own voluntary or involuntary withdrawal from the program prior to its completion, including withdrawal caused by illness or disciplinary action by the Institution, its member institutions, or its representative(s). In the event that the Institution has committed expenses on my behalf prior to the start of the program, I understand that these funds may not be refundable.

Student Signature

Sample Language: I have read and understand the above provisions and agree to be bound by the provisions.

Include Signature/Date

Emergency Contact Information

Name/Relationship/Phone/Email