

**KAISER FOUNDATION HOSPITALS, THE PERMANENTE MEDICAL GROUP
COLLECTIVELY REFERRED TO AS "KAISER PERMANENTE"
RELEASE AND HOLD HARMLESS AGREEMENT**

I hereby elect voluntarily and on my own initiative to participate in the Kaiser Permanente Global Health Program. My experience abroad will take place in _____ during the period _____ through _____.

I acknowledge that I bear full responsibility for any personal injury or illness, accident, risk, loss, or property damage that may be sustained by me in connection with my participation in the above-mentioned program.

In particular, I acknowledge and agree that I am fully aware of the risks and hazards associated with my participation in the above mentioned program, including without limitation, the risks and hazards of infectious diseases, injuries, accidents, political unrest, wars, terrorism, natural disasters, medical emergencies, criminal activity, loss of personal property, travel-related delays or cancellations, and cultural stress.

I acknowledge and agree that Kaiser Permanente will not and cannot guarantee my safety. I further acknowledge and agree that Kaiser Permanente is not and will not be responsible for any illness, injury, accident, damage or loss suffered by me from or in connection with my participation in the program.

I acknowledge and agree that I have been given adequate opportunity to review this document and to ask questions.

I hereby certify that I have adequate health and accident insurance, including but not limited to: Kaiser Foundation Health Plan.

I hereby release and agree to hold harmless Kaiser Permanente and its officers, directors, employees and agents from any and all liability, claims, demands and actions arising or related to any loss, property damage, illness, injury or accident that may be sustained by me in connection with or during my participation in the above mentioned program. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Kaiser Permanente from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Kaiser Permanente's equipment or facilities, including any such claims which allege negligent acts or omissions of Kaiser Permanente. This release and hold harmless agreement is and shall be binding on myself and my heirs, assigns and personal representatives.

I have reviewed health and safety issues including:

- Checking the US Department of State web site (<http://www.state.gov/travel/>) for any travel warnings specific to my intended destination;
- Registering with the US consulate in your host country (<https://travelregistration.state.gov/librs/ui/>);
- Checking the Centers for Disease Control and Prevention web site (<http://www.cdc.gov/travel/>) for any health alerts specific to my destination.

Signature

Date

Name of Participant (please print or type)

Phone

Email

Please email completed form to jennifer.d.ly@kp.org.