Master of Public Health

Overseas Travel for Practicum, Field Practice or Independent Study Course Release of Liability

I,

 (Passport or NRIC No.), hereby declare that:

(Name of Student)

1. I will be traveling overseas to (City, Country) as part of the Practicum, Field Practice or Independent Study Course. My dates of travel are from (Start date) to (End date)(inclusive) of my own free will and volition;
2. I am aware of the risks involved in traveling overseas as part of the Practicum, Field Practice or Independent Study Course including but not limited to injuries which may be sustained during travel and infections which may be transmitted via blood transfusions and other injections and, in particular

(i) I have given due consideration to the advice of travel professionals on prophylactic vaccination and chemotherapy, I fully comprehend the risks and benefits associated therewith, and will bear full responsibility for my own decisions on prophylactic vaccinations and chemotherapy.

In consideration of being permitted by NUS to participate in overseas travel as part of the Practicum, Field Practice or Independent Study Course, I, for myself and my successors, personal representatives and assigns (where applicable):

* 1. Will take every effort to protect my own health and to be a positive ambassador for NUS;
	2. Do hereby absolve, acquit and discharge NUS and its officers, servants, employees, agents of volunteers from all or any responsibility, actions, causes of actions, claims, demands and obligations whatsoever arising from any loss or damage (including, without limitation and to the extent permissible by law, physical injury, loss of life or property damage) caused by or sustained as a result of my participation in overseas travel as part of the Practicum, Field Practice or Independent Study Course; and
	3. Will indemnify and keep indemnified, save and hold harmless NUS and its officers, servants, employees, agents or volunteers against all losses, claims, demands, actions, proceedings, damages, costs or expenses, including legal fees, and any other liability arising in any way from my participation in overseas travel as part of the Practicum, Field Practice or Independent Study Course.

Signature Date

In the presence of:

Signature of Witness Name & Passport/NRIC No. of Witness