



**STUDENT ACADEMIC SUPPORT SERVICES
GRADUATE STUDENT STUDY RELEASE**

As a graduate student at the Johns Hopkins Bloomberg School of Public Health, I am planning on conducting part of my graduate studies abroad as follows:

Purpose of Study: _____

Academic Term/Dates: _____

Location/Country: _____

I understand that there are a wide variety of risks associated with any travel to and living in a foreign country, including but not limited to lack of access to health care comparable to that available in the United States, crime, dangers associated with public or private transportation, and the safety of road systems and other means of transportation. I understand that every country has its own laws and culture and that I am responsible for my own actions, activities and behavior while I am outside of the United States. I recognize that I am responsible for all aspects of my living and studying while I am abroad, and understand that I may suffer damages or losses to my person or to my property or both.

I certify that I am covered throughout the travel abroad period and throughout my absence from the United States by a policy of comprehensive health and accident insurance that provides coverage for illnesses or injuries I sustain or experience while abroad. I release Johns Hopkins University from any responsibility and liability for my injuries, illness, medical bills, charges or similar expenses.

I agree to release and hold harmless Johns Hopkins University and its employees and agents from any and all liability and damages or losses I may suffer to my person or my property or both, that arise out of or occur during my participation in the foreign study and research, except if the danger or losses are caused by the gross negligence or willful misconduct of University employees.

I agree that this Student Release is to be construed in accordance with the laws of the State of Maryland, and that if any portion of this agreement is held invalid, the remainder of the agreement shall continue in full force and effect. I acknowledge that I have read this entire document, and I agree to its terms.

Signature: _____

Name: _____ ID Number: _____

Department/Degree Program: _____