

Consent for Release of Personal Information in Event of Emergency (“Consent”)

Full Legal Name: _____ Faculty Resident/Fellow Student Staff

International Conference/Program: _____

I have voluntarily requested to participate in the international conference, or the international program conducted by or under the auspices of Western Michigan University Homer Stryker M.D. School of Medicine (“WMed”) or a cooperating institution. In consideration for being permitted to participate in the international conference/program, in the event of an emergency (natural disaster, political distress, medical event, or other situation threatening my health or well-being) during the international conference/program, I agree to the following:

1. WMed, through its representatives, employees, or agents, may secure any necessary information regarding my condition and whereabouts.
2. The U.S Department of State and other countries embassies and consulates, other authorities, non-governmental agencies affiliated with the international conference/program, and other third parties, including hospitals and medical practitioners, in or nearby the international conference/program location may release any available information concerning my condition and whereabouts to WMed.
3. WMed may notify the contacts whom I have identified in the *International Travel Requirements Checklist* with any available information regarding my condition and whereabouts.

I acknowledge, by my signature below, that (a) I have read and fully understand every provision of this Consent; (b) I am voluntarily entering into this Consent with my full and free consent; and (c) I am at least eighteen years of age and am my own legal guardian.

Signature of Participant Date

Signature of WMed Authorized Representative Date
(Students: associate dean for Student Affairs)
(Residents/Fellows: associate dean for Graduate Medical Education)
(Faculty: associate dean for Faculty Affairs)
(Staff: associate dean for Administration and Finance)



Release of Claims and Indemnity ("Release")

Full Legal Name: _____ Faculty Resident/Fellow Student Staff

International Conference/Program: _____

I have voluntarily requested to participate in an international conference, or the international program conducted by or under the auspices of Western Michigan University Homer Stryker M.D. School of Medicine ("WMed") or a cooperating institution. In consideration for being permitted to participate in the international conference/program, I hereby agree to the following:

1. I, on behalf of myself, my heirs, my relatives, or any other interested party, agree to release, waive, discharge, and covenant not to sue from all liability to myself for any damage, claim, or demands for injury to my person or property, including death, whether caused by the negligence of Releasees or otherwise, in any way related to my participation in the international conference/program, travel, or any other activity conducted by or under the auspices of WMed or any cooperating institution. I assume full responsibility for the risk of bodily injury, death, and property damage due to the negligence of Releasees or otherwise during my participation in the international conference/program.
2. This Release also covers my participation in other activities related to the international conference/program, if any, such as volunteering, working at a health clinic, or teaching at a school. I acknowledge and agree that some activities related to the conference/program may be dangerous and may bring me into contact with individuals with serious illnesses, including communicable diseases and mental disorders. I understand that I could also contract a serious illness, or I could have a dangerous or traumatic encounter, including potentially contracting a sexually transmitted disease, being subject to criminal or civil punishment in a foreign country, and being the victim of violence or criminal activity. I also understand that living and traveling in a foreign country during the international conference/program places me at risk and that cultural, language, social, and other differences make it necessary for me to exercise due caution at all times.
3. I agree to indemnify and hold harmless Releasees from any loss, liability, damage, or cost, including attorneys' fees, incurred by any Releasee resulting from my participation in the international conference/program, whether caused by the negligence of Releasees or otherwise.
4. I agree that I am responsible for maintaining my own medical health insurance, medical emergency coverage, and repatriation coverage prior to and during the international conference/program and that I am responsible for obtaining all health information, medical procedures, immunizations, and prophylactic medications necessary for my participation in the international conference/program. I agree to adhere to all necessary health and safety precautions and recommendations.
5. I authorize WMed, through its representatives, employees, or agents, to secure any necessary treatment in the event that I need emergency medical care, hospitalization, or surgery while participating in the international conference/program. In the event of an emergency during the international conference/program, I agree that WMed may notify the emergency contact whom I have identified on the *International Travel Requirements Checklist*.
6. I understand and agree to all of the following: (a) that any dispute arising from this Release, from my participation in the international conference/program, or from my participation in activities related to the international conference/program, which arises between me, WMed, any cooperating institution, and/or another participant will be governed under Michigan law and must be brought before a Michigan state or federal court sitting within Kalamazoo County; (b) that even if a court of law finds any provision of this Release unenforceable, the remaining provisions will remain in full force and effect and that this Release will still be construed to make it legally enforceable and within the boundaries of public policy; (c) that this Release represents the complete understanding with WMed concerning the matters set forth in this Release and that this Release supersedes any previous or contemporaneous understandings I may have had with WMed on the matters covered by this Release, whether written or oral; and (d) that this Release shall not be amended except in writing signed by the WMed associate dean for Administration and Finance, and myself or my legal guardian.
7. I acknowledge, by my signature below, that (a) I have read and fully understand every provision of this Release; (b) I am voluntarily entering to this Release with my full and free consent; and (c) I am at least eighteen years of age and am my own legal guardian.

Signature of Participant

Date

Signature of WMed Authorized Representative

Date

(Students: associate dean for Student Affairs)

(Residents/Fellows: associate dean for Graduate Medical Education)

(Faculty: associate dean for Faculty Affairs)

(Staff: associate dean for Administration and Finance)



Submit this form at least
six weeks prior to travel
departure date

International Travel Requirements Checklist

Reason for Travel:

Full Legal Name:

Site/City/Country

Inclusive Travel Dates:

Contact information at the international site:

Name:

Address:

Phone and Email:

My emergency contact information (should not be someone traveling with you):

Name/Relationship:

Address:

Phone and Email:

Per the GENo9 policy: .

1. I have checked the US Department of State and Centers for Disease Control and Prevention travel warnings for my proposed destination. Travel warnings fall within WMed travel guidelines – see table in GENo9.

Yes

2. I have enrolled in the U.S. Department of State Safe Traveler Enrollment Program (STEP) at <https://step.state.gov/step/>.

Yes

3. I have received all required immunizations and necessary medications.

Yes

4. For WMed sponsored, international experiences, I have obtained a copy of the AIG Travel Guard, WorldRisk Assistance Card (see page 5).

Yes



International Travel Requirements Checklist

5. I have obtained a passport (must extend six months past return date) and any necessary visa.

(https://travel.state.gov/content/passports/en/passports_apply.html).

We recommend giving a copy to your emergency contact.

Yes

6. I have health insurance coverage for international travel through my:

Health insurance policy

Homeowner's/Renter's insurance policy

7. I understand that WMed provides coverage for medical emergencies, emergency evacuation (up to \$100,000), and emergency crisis response (up to \$300,000) for the duration of this international travel associated with the curricular elective. This coverage excludes USA, Canada, and Puerto Rico.

Yes

8. I understand that WMed provides repatriation coverage (up to \$20,000) for the duration of this international travel associated with the curricular elective. This coverage excludes USA, Canada, and Puerto Rico.

Yes

9. I have signed the International Travel Consent for Release of Personal Information in Event of Emergency (page 1 of this document)

Yes

10. I have signed the International Travel Release of Claims and Indemnity Agreement (page 2 of this document)

Yes

I acknowledge, by my signature below, that I have read and fully understand every provision of this Checklist, and that my travel information will be accessible to WMed staff as needed.

Signature of Participant

Date

Signature of WMed Authorized Representative:

Date

(Students: associate dean for Student Affairs)

(Residents/Fellows: associate dean for Graduate Medical Education)(Faculty:

associate dean for Faculty Affairs)

(Staff: associate dean for Administration and Finance)

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Last Updated 9/19/25



Travel Guard®

WorldRisk Assistance Card

Name of Insured Organization

Western Michigan University Homer Stryker M.D. School of
Medicine

Policy Number:

WS11019329

Please note this is not a credit card or medical insurance card

Call AIG Travel, when you are traveling outside the USA and Canada on a trip sponsored by the insured organization and you need help finding or arranging services such as:

- › Medical Assistance and Travel Medical Emergency Services
- › Personal and Pre-Trip Services
- › Legal Assistance
- › Emergency Cash - From Personal Funding Source
- › Lost Baggage or Passport Assistance
- › Insurance Coordination
- › Evacuation and Repatriation
- › Emergency Message Center
- › Other General Assistance

AIG Travel can be reached collect at +1 (817) 826-7008 or within the U.S. or Canada, call (800) 401-2678.

To access your 24/7 travel assistance website, visit www.aig.com/us/casualty/travelguardassistance or download the AIG Travel Assistance app to your Apple or Android smartphone

The availability of services is subject to the terms and conditions of the policy to the insured. All products are written by insurance company subsidiaries or affiliates of American International Group, Inc.

AIG Travel, Inc., a member of American International Group, Inc., is a worldwide leader in travel insurance and global assistance. Travel Guard® is the marketing name for its portfolio of travel insurance and travel-related services, including medical and security services, marketed to both leisure and business travelers around the globe. Services are provided through a network of wholly owned service centers located in Asia, Europe and the Americas.

In all cases, the medical professional, medical facility and/or attorney suggested by AIG Travel to the eligible person pursuant to the Service Agreement (Agreement) are not employees or agents of AIG Travel, and the final selection of the medical professional, medical facility and/or legal counsel is the insured's choice. AIG Travel assumes no responsibility for any medical advice and/or legal counsel given by the medical professional, medical facility and/or attorney, nor shall AIG Travel be liable for the negligence or other wrongful acts or omissions of any of the legal and/or health care professionals providing direct service pursuant to the Agreement. The insured shall not have any recourse against AIG Travel by reason of its suggestion of, or contact with, a medical professional, medical facility and/or attorney.

AIG Travel makes every effort to refer the insured to the appropriate providers and is not responsible for the quality of results provided. Services shall not be available if the insurance policy or specific coverage is no longer in effect or the policy limit has been exhausted. By requesting assistance, the insured agrees to assign AIG Travel the right to recover any incurred expenses from any of the insured's responsible insurers.

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