



“Teaching Doctors Who Care for Our World”

SCHOLARSHIP APPLICATION

Name: _____

Dates of Educational Experience: _____
(Please include only those weeks that you are working in a clinical setting).

Brief Summary of Your Plans:

Educational Goals:

Please read carefully and sign the attached waiver.

**ASSUMPTION OF RISKS, RESPONSIBILITY, and LIABILITY WAIVER for
INTERNATIONAL ELECTIVE OR DISASTER RELIEF ELECTIVE**

PLEASE READ CAREFULLY

I, _____, agree as follows:

Assumption of Risks: I understand that in participating in an International Elective or Disaster Relief Elective, I am accepting personal liability for risk to my person and possessions. I understand that I may suffer physical injury, sickness or death, or damage to my property as a result of my participation and that there is a possibility of violence and crime, severe illness with inadequate medical care, and civil unrest. **I freely and voluntarily accept and assume all such risks, dangers and hazards.** Accordingly, I understand that Ventura County Medical Center (VCMC), its employees and agents, Ventura Family Medicine Education Fund and its Board are unable to ensure my complete safety at all times from such risks and dangers.

Assumption of Responsibility: I understand that it is **my responsibility** to be aware of and abide by all applicable laws and **to ensure that I have adequate travelers medical, and accident insurance coverage**, as well as adequate protection of my personal possessions. I understand that neither Ventura County nor Ventura Family Medicine Education Fund carries accident or injury insurance for my benefit, and also that there may be certain matters for which I could be held at fault personally if my activities or conduct fall short of what would be considered a reasonable standard for an individual in my position. I agree to be accountable in all respects for my own actions and not to ask VCMC, its employees and agents, Ventura Family Medicine Education Fund or its Board to accept the consequences thereof.

I acknowledge that I have been advised of such risks and dangers as well as the need to act in a responsible manner at all times. My signature below is given freely in order to indicate my understanding of the acceptance of these realities. I recognize that Ventura Family Medicine Education Fund does not directly supervise my living arrangements, extracurricular or other activities during my participation in this elective.

Liability Waiver: I release and hold harmless VCMC, its employees and agents, Ventura Family Medicine Education Fund and its Board from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in this International Elective or Disaster Relief Elective including, but not limited to, accidents, acts of God, war, civil unrest, sickness, transportation, scheduling, government restrictions or regulations, and any and all expenses which I may incur while participating in the elective. I further release and hold harmless VCMC, its employees and agents, Ventura Family Medicine Education Fund and its Board from any and all claims of negligence with regard to any and all aspects of participation in the above mentioned elective.

This waiver is effective for the period of time that I will be participating in the elective. I understand that this agreement cannot be modified or interpreted except in writing by Ventura Family Medicine Education Fund and that no oral modification or interpretation shall be valid. This agreement shall be effective and binding upon my next of kin, executors, administrators and assigns, in the event of death or disability.

Name *(Please Print)*: _____

(Signature of Participant)

(Date)

(Witness as to Signature of Participant)

(Date)

Ventura F.M.Ed. Fund Board of Directors
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