

**UNIVERSITY OF PENNSYLVANIA
SCHOOL OF DENTAL MEDICINE
Office of Community Oral Health**
Philadelphia, PA 19104-6030
Phone: 215-898-4971 * Fax: 215-573-9606

LIABILITY RELEASE
For International Externships

Student's Name:	Anticipated Dates of Externships:
Country of Origin:	Dental School:

The University Of Pennsylvania School Of Dental Medicine has accepted you into a School of Dental Medicine-sponsored international externship, has arranged for your rotation in the school clinics and affiliates.

The School of Dental Medicine is providing the services described above only as a convenience to you. Accordingly, the School of Dental Medicine accepts no responsibility, in whole or in part for delays, losses, damage, or injury person or property of any nature whatsoever, caused to you or others during your externship. Neither shall the School of Dental Medicine be responsible to any person for any of your acts of omission. The School of Dental Medicine assumes that you carry insurance coverage valid here in the US to protect against the cost of hospitalization and physician care in the event of sickness, accident disability or death resulting therefrom, and to offset expenses of unexpected emergency repatriation, trip cancellation, or loss of property. You understand that you are solely responsible for obtaining said insurance. You acknowledge that you are aware that there may be risks associated with foreign travel and you are voluntarily participating in the program.

You agree to release, indemnify, and hold harmless the University of Pennsylvania School of Dental Medicine from and against any claim which you, your parents or guardian or any other person may have for any loses, damage or injuries arising out of, or in connection with, your participation in the International Externship Program.

If you are in agreement with the foregoing statement, please sign below and return this form to the School of Dental Medicine, Office of Community Oral Health, Room B-19

I have read the above release, understand its contents, and I intend to be legally bound by its term:

Student's Signature

Today's Date

Emergency Contact

Phone Number