HELP OUR STUDENTS TRAVEL PROGRAM (HOST)

The University of Illinois College Of Medicine Help Our Student Travel Program (HOST) helps to connect alumni with M4 students as they begin their long-anticipated interview season, typically during the months of October through January.

HOST assists in matching alumni across the country with fourth-year medical students who are seeking information about residency training in a particular city in which the alum lives/works. Through the program, College of Medicine alumni can volunteer to host M4 students interviewing in an unfamiliar location in a variety of ways, with the intent of offsetting some of the financial burden on M4 students traveling for residency interviews.

The HOST program is completely voluntary on both sides.

• As alumni you may choose to help the student (and his or her spouse/partner) for a one or two-day stay by providing
  o housing;
  o meals and/or transportation;
  o local insight on the medical community in the area;
  o introductions to your colleagues, especially in the student’s area of interest or specialty; and/or
  o an insider’s view of the medical profession, your specialty, and the area in which you live or practice.

The College asks that each alum designate the ways he/she would like to participate in the program. When a Student has been matched with an alum, he/she will be notified of the ways in which his/her HOST alum would be willing to assist.

• As a Student, you may choose to participate in this program by requesting any or all of the above listed alumni assistance.

The College will do its best to match up the requests of the students with the assistance offered by alumni in the area to which the Student will be travelling. Please understand that the assistance offered may not completely fulfill the requests made by students and that there may not be alumni available or willing to provide assistance in all areas to which the students will be travelling. The College makes no guarantees that a match will be made or that the match will result in all the assistance requested by the student. Much will depend on the time and availability of the participating alumni.

In addition, both alumni and student participants should understand that, although criminal background checks have been performed on all students prior to admission, no further checks have been done on either students or alumni. The College recommends that both parties perform their own due diligence in order to ensure their safety and well-being.

In order to participate in this HOST Program, both alumni and students must complete/agree to the following Waiver and Release.

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Student/Alumni Initials ________________
WAIVER OF LIABILITY, HOLD HARMLESS
AND PUBLICITY RELEASE AGREEMENT

As a HOST alumni/student participant, I understand that
• There are certain risks associated with my participation in the HOST Program.
• These risks may include physical injury, damage or loss to me and or my personal property.
• The University of Illinois is not responsible or liable for any personal property which may be lost, damaged or stolen during my participation in the HOST Program.
• The University of Illinois is not in a position to guarantee my personal health or safety during my participation in the Program.
• Neither the College of Medicine nor any of the RELEASEES (as defined below) will have a role in the preparation, operation or day to day activities of HOST alumni or Students, and the only relationship the RELEASEES have with HOST alumni and students is that of COM graduates (alumni) and current students.
• As an alumni, the University does not provide medical, property, or personal liability insurance for me or my family and it is my responsibility to maintain such insurance for my benefit if I so desire.
• As a student, the medical insurance I have through the University may not extend to injury or loss sustained as a result of my participation in this program and it is my responsibility to determine if said coverage is available to me. I further understand that the University does not provide property or personal liability insurance for me or my family and that it is my responsibility to maintain such insurance for my benefit, if I so desire.

Therefore, I acknowledge and agree as follows:
• To the best of my knowledge, I am able to fully participate in this program.
• I am fully aware of risks and hazards connected with my participation as a HOST alumni or student in the HOST Program.
• I hereby elect to voluntarily participate in the HOST Program and engage in such activities associated with that Program knowing that the activities may be hazardous to me and to my property.
• I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.
• In consideration for participating in Help Our Student Travel Program (HOST), all related events (including but not limited to before and after the visit) and other valuable consideration, I hereby RELEASE the Board of Trustees of the University of Illinois, its agents, officers, employees, volunteers, executors, heirs and assigns (“RELEASEES”) of and from any and all liability, claims, demands, actions and causes of action whatsoever related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, arising out of or in any way connected with my participation in the HOST Program, or while in, on or upon the premises where the activities of the HOST Program are being conducted or in transportation to and from said premises.
• This Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Illinois.

Further, I hereby voluntarily and knowingly authorize the use and reproduction by the University of Illinois of any such images and/or voice/image recordings together with my name and limited biographical information for any educational or promotional purpose including but not limited to (1) electronic publication on the University of Illinois at Chicago website, (2) for use/publication in the University of Illinois at Chicago Office publications and/or newsletters (to be published either electronically and posted on the website, or in paper form and distributed freely), (3) for use in displays or advertisements promoting the University and/or any of its programs, (4) for use in documents to be presented at professional meetings of any kind and (5) for any other educational or promotional purpose, publication, instructional situation or similar endeavor.
• I understand that the University of Illinois will be unable to prevent unauthorized persons from gaining access to the Internet/World Wide Web and the University website and, as such, will be unable to prevent the copying, alteration or republication of my image.
• I understand and agree that I will not be compensated in any way for the use of said images and all photographs, negatives, film reels, and transparencies shall become the sole property of the Board of Trustees of the University of Illinois.
• My authorization includes the modification or retouching of such photographic images as the University deems necessary.
• I hereby release, indemnify and forever discharge the Board of Trustees of the University of Illinois, its officers, agents, employees, volunteers, executors, heirs and assigns of and from any and all claims arising out of or in any way connected with the use, publication, and/or reproduction of my images.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Agreement, understand and agree to be bound by it, and sign it voluntarily; I am at least eighteen (18) years of age and fully competent (or have my parent or legal guardian signing below on my behalf).

_______________________________________
Participant Name (printed)

_______________________________________
Participant Signature and Date