

DISCLOSURE AND RELEASE OF CLAIMS

The program sponsored by \_\_\_\_\_ (e.g., NSF, NASA) will require travel to remote areas or outside the United States. Therefore, prospective participants should be aware of certain conditions which they may face in some remote areas or foreign countries.

- Health care, medicines and related services may not be as readily available, or of a quality comparable to those in many areas of the United States.
- This program will require participants to (insert activities that are particularly demanding) \_\_\_\_\_
- Transportation may not be as reliable or subject to the same safety standards applicable to public carriers in the United States. Public safety personnel in foreign countries may not be able to provide a level of personal security comparable to that in the United States.
- The laws of many foreign countries do not provide for due process and individual rights to the same extent as the laws of the United States.

Participants must also take the following steps to ensure that they are in physical condition to withstand the challenges of the program:

- Had a physical and dental exam within one year of the program (field work only).
- Other certifications or training requested by the program supervisor: \_\_\_\_\_

Participants will be personally responsible for their day-to-day activities and for ensuring their health and safety during their stay in the host country.

Participants will also be responsible for obtaining their passports, visas, and health certificates.

A prospective participant who is concerned about any of the risks or conditions described above should discuss them with (insert name of Project PI or supervisor) \_\_\_\_\_. Participants are encouraged to have all their questions and concerns addressed before committing to the program.

I understand that if I should violate the laws or regulations of any country visited as part of the (insert Sponsor, e.g., NSF, NASA) \_\_\_\_\_ program, The Ohio State University will not be liable for such conduct. I understand that if I should confront a legal problem, The Ohio State University cannot officially represent me or my legal interests in dealing with a foreign legal system; not can the University assume any direct responsibility for the actions-of a foreign government.

The University reserves the right, to be exercised by (insert name of Project PI or supervisor) \_\_\_\_\_, to terminate my participation in the program for good cause and to return me to the United States without a refund of any unused portion of fees paid.

In consideration for the opportunity to participate in the (insert Sponsor, e.g., NSF, NASA) \_\_\_\_\_ program and the use of services and facilities made available by The Ohio State University and its employees, I do release and forever discharge for myself and my heirs, executors, administrators and assigns, The Ohio State University, and its officers, employees, and agents from all claims, and causes of action for personal injury or any other damage which may arise out of my participation in the program, except for claims for damages resulting directly from the negligence of The Ohio State University or its employees, as well as claims brought under the Worker's Compensation laws of the State of Ohio.

This agreement shall be construed in accordance with the laws of the State of Ohio.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

MEDICAL DISCLOSURE  
Required For Fieldwork  
Byrd Polar Research Center

*Medical disclosure is required to protect the health and safety of the individual participating in fieldwork to remote locations. It is also required to protect the safety of other members of the field team.*

To: \_\_\_\_\_(Principal Investigator or Supervisor)

Reference:

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Medical Record #

\_\_\_\_\_  
Department Name

This individual has completed a medical examination for participation in

\_\_\_\_\_  
Name of Sponsor (i.e., NSF,NASA) / Brief Title of Program/Project

\_\_\_\_\_  
Principal Investigator or Supervisor

\_\_\_\_\_  
Department

\_\_\_\_\_  
Phone

Based on this evaluation, this individual is:

not medically cleared

cleared with no limitations

cleared with limitation cited:

This clearance is based on the specific requirements of the identified program or project and is valid until (*insert date*)\_\_\_\_\_.

\_\_\_\_\_  
Signature of the Physician

\_\_\_\_\_  
Date\Overseas Emergency Information Sheet

\_\_\_\_\_  
Printed name of Physician

CONTACT INFORMATION  
Required For Fieldwork  
Byrd Polar Research Center

1) Expected dates of activity for(*insert name of participant*) \_\_\_\_\_:

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

2) Countries visited (In order of travel.):

Country: \_\_\_\_\_ Country: \_\_\_\_\_ Country: \_\_\_\_\_

3) Brief description of activity:

4) Contact(s) within the University Department (i.e., Supervisor, Administrative Officer):

(Name) \_\_\_\_\_ Phone: (US) \_\_\_\_\_ (Overseas) \_\_\_\_\_

(Name) \_\_\_\_\_ Phone: (US) \_\_\_\_\_ (Overseas) \_\_\_\_\_

5) Contact(s) at the field site/country of activities:

(Name & Affiliation) \_\_\_\_\_ Phone: \_\_\_\_\_

(Name & Affiliation) \_\_\_\_\_ Phone: \_\_\_\_\_

5) Emergency Contact Information (at least one contact must be included):

***Primary Emergency Contact(s):***

Name: \_\_\_\_\_ Phones: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (All incidents)

Name: \_\_\_\_\_ Phones: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (All incidents)

***Others to Notify in an Emergency Situation:***

Name: \_\_\_\_\_ Phones: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Name: \_\_\_\_\_ Phones: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Name: \_\_\_\_\_ Phones: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

6) Please Provide Any Special information or instructions: