



Resident Scholarship Program Agreement and Release from Liability

1. I, _____ acknowledge that I have voluntarily applied for a scholarship from IVUmed, a Utah non-profit public benefit corporation (“IVUmed”).
2. I have read and understand information for IVUmed Scholarship Applicants, and I represent that all information contained in the IVUmed Traveling Urology Resident Scholarship Application is complete and accurate.
3. I understand and agree that my participation in the Program and my acceptance of funds for reimbursement of expenses will not create an employment agency relationship with IVUmed or any of its sponsors or donors, none of which assume any responsibility for my rendition of medical care while participating in the Program.
4. I understand that the scholarship funds are to be used only for expenses relating to the IVUmed trip to the developing country such as airfare, food, and lodging, and are not to be used for personal items or deemed to be payment for services rendered. Any expenses exceeding the scholarship funds will be my sole responsibility.
5. I have consulted with and will continue to consult with the United States Department of State, the Center for Disease Control, and any other public or private entities deemed by me to be necessary to determine the safety and medical risks which are known to exist at the overseas site to be visited.
6. **I am aware that working in developing countries, particularly in the health field, is or may be a hazardous activity. I am voluntarily participating in this activity with knowledge of the danger and risks involved and agree to accept any and all risks of illness, injury, or death.**
7. **In consideration of my receipt of scholarship funds to assist me in my desire to participate in the program, I agree that:**

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A. I will not make a claim against or sue IVUmed, its successors, assigns, officers, directors, sponsors, or donors for illness, injury, or damage resulting from my participation in the program or the acts or omissions of IVUmed, its officers, directors, sponsors, or donors.

B. I hereby release IVUmed, its successors, assigns, officers, directors, sponsors, and donors from all actions, claims, rights, demands, damages, obligations, and liabilities that I may have or incur for illness, injury, or damage with respect to my participation in the program.

C. I agree to allow myself to be photographed or video recorded while participating in the Program. I also agree to allow any such photographs or video footage to be used by IVUmed or its sponsors and donors for any purpose.

D. I agree to provide a written summary and photographs of my participation in the Program to IVUmed within one month of the conclusion of my participation.

E. I agree to cite or make reference to IVUmed as a sponsor in any publication in which I participate with respect to my participation in the Program.

8. The provisions of the Agreement and Release from Liability shall be binding upon my successors and assigns.

9. I have carefully read this Agreement and Release from Liability and fully understand its contents. I am aware that this is a release of liability and a contract between IVUmed and me. I am signing this agreement of my own free will.

Signature: _____ Date: _____

Printed Name: _____

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Please read and consider the following statement:

IVUmed Resident Scholar Perpetual Education Fund

IVUmed would like to make this unique opportunity available to more residents each year. To accomplish this, we plan to establish the IVUmed Resident Scholar Perpetual Education fund, which offers Resident Scholars the opportunity to help future residents to participate in the program. This fund will afford IVUmed greater flexibility to award more scholarships to worthy residents like you. By signing the agreement below, you can be a part of this effort.

I, _____, agree to participate in the IVUmed Resident Scholar Perpetual Education Fund by contributing funding for one scholarship. I will donate to IVUmed a total of \$2,500 within five years of completing my residency.

Signature: _____

Date: _____

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