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The Herbert McLaughlin Children’s Trust IVUmed Public Health Student Scholarship Application

Name: _____ Application Date: _____

Address: _____ City: _____ State: _____ Zip/Postal code: _____

Phone (mobile): _____ Phone (work): _____

Personal Email Address: _____ preferred email address

Professional Email Address: _____ preferred email address

Public Health Program: _____

Program Director: _____ Anticipated Date of Completion: _____

Undergraduate Degree: _____

Dates Available: _____ Region or Country Preference: _____

Languages Spoken: _____

Emergency Contact Names, Phone Numbers and Addresses (please list two):

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

Please describe any previous experience traveling/working in developing countries: _____

I certify that the information on this application is true to the best of my knowledge. I authorize all persons and institutions to disclose to and share with IVUmed opinions and information regarding me, including but not limited to, information contained in this application and my skills, experience, character, work habits, and performance. I authorize IVUmed to release information contained in this application or obtained by IVUmed pursuant to the authorization contained in this paragraph to IVUmed's Board of Trustees, committee members and staff. I waive any claims I might otherwise have against IVUmed resulting from IVUmed obtaining or releasing information as authorized by this paragraph.

Signature: _____ Date: _____

Print Name: _____

Please include the following items:

- Curriculum Vitae
- Two Letters of Recommendation (one must be from program director or graduate supervisor)
- One Page Personal Statement (including reason(s) for your interest in this scholarship and any health issues)
- Signed Applicant Agreement Form
- Copy of Current Passport



IVUmed Agreement and Release from Liability

1. I, _____, acknowledge that I have voluntarily applied for a teaching position through IVUmed, a Utah 501(c)(3) non-profit public benefit corporation (“IVUmed”).
2. I have read and understand the information I received for teaching volunteers, and I represent that all information that I provided in the Application for IVUmed’s teaching program (hereinafter, “the Program”) is complete and accurate.
3. I understand and agree that my participation in the Program 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 services while participating in the Program.
4. I understand that I will assume the full cost for the expenses associated with my participation in the Program, unless IVUmed indicates in writing that partial or full grant monies have been provided through IVUmed.
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 that are known to exist at the overseas site(s) that I will be visiting.
6. **I am aware that working in developing countries, including the country that I will visit, particularly in the health field, is or may be a hazardous activity. I am voluntarily participating in the Program with complete 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 agreement to participate, I agree that:**
 - A. **I will not make a claim against or sue IVUmed, its affiliates or the respective directors, officers, employees, agents, representatives, sponsors, donors, and successors and assigns of IVUmed or its shareholders 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, agents, 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 of my participation in the Program to IVU within *two weeks* of the conclusion of my participation.**
- E. I agree to cite or make reference to IVUmed as the sponsor in any publication in which I participate with respect to my participation in the Program.**

- 8. The provisions of this 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 acknowledge in executing this Agreement and Release from Liability that I do not rely and have not relied upon any representations or statement not set forth in this Agreement and Release from Liability with regard to the subject, matter, basis, or effect of the Agreement and Release from Liability. 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.

Date: _____ Participant Signature: _____

(Print Name)