ATTACHMENT 2

UNIVERSITY OF MIAMI INTERNATIONAL OBSERVERSHIP PROGRAM
AGREEMENT AND RELEASE FORM

E-mail completed Agreement and Release Form to International Student and Scholar Services at isss@miami.edu along with the following copies:

- Passport biographical information page
- Passport expiration date page
- B-1/B-2 visa (where applicable)
- Front and back of Form I-94 (small white or green card usually located in the passport)
- Proof of medical insurance specifying beginning and ending dates of coverage if observership will last longer than two weeks

I, Dr./Mr./Ms. ________________________________________________________________
(First name)          (Middle initial)              (Last name)
of ___________________________________, in consideration of being allowed to participate in an
observership (the “Observership”) at the University of Miami (the “University”) do hereby agree that:

1. I understand and agree that my Observership will be for a period of ______________ (Length of time)
from            _______       to      ____      _ , and that it shall consist of observing the activities of
________________________________________.  At the end of such period, I understand that my
(Department name)
Observership will cease and I will no longer be permitted access to University facilities.  I further
understand and acknowledge that the University shall in no way be responsible for monitoring or
ensuring my departure from the United States.

2. I agree that I will obtain a B-1 or B-2 visa or other temporary visitor status from the
appropriate authorities for the purpose of participating in my Observership and I agree to maintain
and comply with all the requirements of such status for the duration of the Observership.

3. I understand that my Observership is for observation ONLY.  I will not be permitted
to actively participate in patient care or contact, examination, research or other work during the
Observership.  I understand and agree that my Observership is in no way an offer of employment
by the University and that I shall not receive, nor be entitled to receive, any compensation,
reimbursement or remuneration for my participation in my Observership.  I further agree to release
the University from any and all claims to compensation, reimbursement or remuneration related to
my Observership.  I also understand and agree that at no time will I be considered or deemed to be
an agent, servant or employee of the University.
4. I understand that I will be observing the activities at a major research university and I therefore agree to act appropriately and in a professional, courteous manner during my Observership. I understand and agree that the University may terminate my Observership at any time, with or without cause.

5. I understand that during my Observership, I may have access to, or may observe, certain information that is proprietary to the University and I hereby agree not to disclose, discuss or reveal any such information to parties outside of the University and to keep any University records or files, confidential. I also agree to keep any information about patients I may observe confidential and not to disclose, discuss or reveal any such information to anyone other than those involved in my Observership with me.

6. I acknowledge that I have insurance in my home country which will cover my medical expenses (including repatriation should that become necessary) in the event I become ill or injured in the United States during my Observership, and that I will be required to show proof of such insurance upon my arrival at the University if my Observership will last longer than two (2) weeks. If I do not have such insurance upon my arrival at the University, I understand that I will be required to purchase such insurance, in order to participate in the Observership.

7. Depending on the length and nature of my Observership, I understand that I may be required to show proof that I have been tested for tuberculosis in the past twelve (12) months.

8. In the event I shall be observing the activities of a department where there may be airborne pathogens, or whose work involves contact with potentially infectious diseases including, but not limited to, HIV, hepatitis or tuberculosis, I hereby agree to assume all risks and responsibilities associated with participation in such an observership. Furthermore, I hereby agree to release, indemnify and hold harmless the University of Miami, including its present and former Trustees, officers, directors, faculty, employees, agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin, may sustain or suffer as a result of or arising out of my contact with such airborne pathogens or infectious diseases, whether caused by the negligence of the University of Miami, persons acting on its behalf or otherwise.

9. In consideration of my being allowed to participate in the Observership, I agree to release, indemnify and hold harmless the University of Miami, including its present and former Trustees, officers, directors, faculty, employees, agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the Observership, whether caused by the negligence, action or inaction of the University of Miami persons acting on its behalf or
otherwise. I also agree that I shall be fully responsible for any and all loss or damage that I inflict upon any person or upon the University’s facilities during my participation in the Observership.

10. I understand that this release is intended to be as broad and inclusive as is permitted by the laws of the State of Florida.

11. I have read and understood this Observership Agreement and Release and I do voluntarily sign said document of my own accord and as a condition of being allowed to participate with my Observership.

__________________________________________
Participant Signature

Print Name:_________________________________

Date: ______________________________________