



**Keio University School of Medicine  
International Student Clinical Elective Program**

**Assumption of Risk and  
Medical Information Protection Agreement**

I hereby certify that I have understood and agreed to abide by the following conditions pertaining to the International Student Clinical Elective Program offered by Keio University School of Medicine and Keio University Hospital, hereinafter “Keio”.

1. I understand that there are inherent dangers and risks associated with traveling to/from and participating in International Student Clinical Elective Program and Participant should be covered by a private medical and liability insurance policy.
2. I understand that Keio is not in a position to and do not guarantee Participant’s personal health and safety during Participant’s participation in its International Student Clinical Elective Program.
3. I understand that I am responsible for any and all medical, hospital, other health care provider, and related expenses for any injury or other liabilities arising out of Participant’s participation in the training during the period specified above.
4. I undertake to comply with the laws, regulations, ordinances, and normal societal standards of Japan, as well as the various regulations and internal rules of Keio. I will comply with the directions of my supervisors, cooperate harmoniously with other students, faculty and staff at Keio, and carry out my duties faithfully.
5. I will not request information related to personal privacy that is irrelevant to the training I am receiving.
6. I undertake to keep strictly confidential and not to disclose all confidential information concerning Keio and any third party (hereinafter “confidential information”) that I acquire during the program at Keio. I will not disclose confidential information to any third party or use such information for personal purposes, either during or after the program. Furthermore, I will handle all electronic media, documents, files, etc. containing confidential information with the utmost care.

7. In the event that I violate these undertakings, either deliberately or through my own negligence, and cause damage to Keio, I will compensate Keio (e.g. for the cost of hiring third-party specialists such as attorneys, etc.) if requested to do so by Keio.
  
8. I have taken appropriate steps (chest X-ray, inoculations, etc.) to prevent myself from spreading infectious diseases such as tuberculosis and epidemic viral diseases (measles, rubella, epidemic mumps, and varicella) while I am at Keio (in the program), and I will submit certificates providing evidence of this.

I have read this Assumption of Risk and Medical Information Protection Agreement, and I understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing this Agreement freely and voluntarily.

**Period of the Program:**

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**Name of Participant:**

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**Signature of Participant:**

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**Date:**

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