



**UNIVERSITY OF SOUTHERN CALIFORNIA**  
**MEDICAL TREATMENT AUTHORIZATION**

I, \_\_\_\_\_, am a willing participant in USC sponsored travel abroad to (city/country/name of program, if applicable) \_\_\_\_\_ . I understand that I am financially responsible for any injury or illness I may sustain while overseas. I understand that the University of Southern California is not in any way responsible to pay for medical treatment on my behalf. In the event I am incapacitated due to a medical emergency, and am unable to authorize treatment to alleviate my condition, I authorize the University of Southern California's employees, faculty or agents to act on my behalf and authorize such emergency treatment.

I acknowledge that this authorization does not create a duty on the part of the University, and I hereby release the University of Southern California and its trustees, employees, agents and representatives from any and all claims, causes of action, losses, liabilities, costs, fees and expenses arising or resulting from any injury or damage I may incur in the course of receiving medical care overseas.

Date: \_\_\_\_\_ Signature of Student/Participant: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parents/Guardian: \_\_\_\_\_  
(if student is under 18)