

Clinical Observership Program Terms And Conditions

In consideration of participating in a professional Clinical Observership Program (C.O.P.) provided by ESE Young Endocrinologists and Scientists (EYES) and European Society of Endocrinology (ESE), I agree to abide by all the terms and conditions below:

1. I assume all risks associated with my participation in all activities that occur during the C.O.P. during related travel, and all other related activities. I agree to indemnify and hold harmless ESE and/or EYES from all and any damage or liability arising from or related to my participation in any C.O.P. I agree to comply with the laws of the host country. I am also responsible for obtaining my own health and malpractice/liability insurance.
2. I acknowledge and confirm for myself and on behalf of my executors, administrators and representatives that I have no claim or right of action of any kind, arising in any capacity or in any jurisdiction, against ESE and/or EYES. To the extent that any such claim or right of action exists or may exist, whether in law or in equity and whether or not presently known to any party or to the law, I irrevocably waive such claim and I release and discharge ESE and/or EYES, its coordinators and volunteers from all and any liability in respect of it, so far as permitted by applicable law.
3. I agree that I am responsible for sending in my documents and information by the deadlines placed by EYES and/or ESE.
4. I agree that I am responsible for meeting all passport and immigration requirements requested by the host country. Any difficulties caused by failure to review and meet these requirements are my responsibility and not of ESE and/or EYES.
5. In order to receive a certificate confirming that I have completed the C.O.P., I must:
 - Attend at least 90% of the Clinical Observership Program for its duration
 - Fulfill the C.O.P. requirements stated by ESE and/or EYES
 - Submit all documents requested by ESE and/or EYES
6. I agree that I am responsible for requesting all documents from ESE and/or EYES required to issue my visa if needed.
7. I will strictly follow policies and regulations of the hosting hospital, laboratory, university and/or all affiliated institutions that do not contradict the applicable C.O.P. conditions. Failure

to do so may result in cancellation of the remaining period of the C.O.P. and losing all my rights without compensation.

8. I agree to uphold patient confidentiality at all times during the C.O.P.

9. I understand that I must have adequate knowledge of the English language; otherwise I can be refused entry to the host country and excluded from the C.O.P. In that case, I will be held responsible for all fees and costs related to the C.O.P. and will not receive any reimbursement.

10. Any concerns I have regarding compensation and complaints must be made directly to ESE and/or EYES.

11. I accept responsibility for any losses caused by my failure to comply with any of the applicable C.O.P. conditions and terms.

12. My continuing with the application process for the C.O.P. also represents my acceptance of these terms and conditions.

I confirm that I have read and understood these terms and conditions in full. I am at least 18 years of age and I agree with the terms and conditions stated above:

Name **Date**

Signature