ASSUMPTION OF RISK AND RELEASE FROM LIABILITY

This Assumption of Risk and Release from Liability pertains to travel to during Semester of 20 .

I, , wish to travel to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and hereby state that:

1. Travel to is not required as part of any course or degree program in which I am enrolled or as a condition of current or future employment and that, therefore, my decision to travel to is entirely voluntary.

1. I understand that certain risks are inherent in any foreign travel experience and I fully accept those risks. These risks may include, but are not limited to, such things as war, quarantine, civil unrest, public health risks, criminal activity, terrorism, exposure to communicable diseases, ill effects of unfamiliar food and water, incidents related to ground, air or water transportation, adverse weather conditions, accident, injuries or damage to property, and other physical, mental, and emotional injury.
2. I also understand that, at this time, travel conditions in are particularly dangerous. Indiana University has brought to my attention the U.S. Department of State Travel Warning against travel to by United States citizens dated . I have read and fully understand this warning. I am proceeding with my travel plans notwithstanding this State Department Warning and suggestion made to me by University officials that I defer this travel until a lower level of alert for is reinstated by the U.S. Department of State.

5. I have been advised that no one can guarantee my safety in \_\_\_\_\_\_\_\_\_\_\_\_ and I have been advised to have adequate insurance before my departure, which should include medical evacuation, repatriation of remains and life insurance. I have been advised that if I am currently included on my family’s insurance policy, that I should make sure that the coverage is valid overseas for the duration of my travel.

6. I fully understand the above risks involved in the proposed travel and I agree to assume the risks of this travel, including the risk of catastrophic injury or death.

7. I agree to indemnify, hold harmless, release and forever discharge Indiana University, its Trustees, employees, agents, and cooperating institutions and their offices and agents (if any) from any and all claims and expenses, including reasonable attorney's fees, for any injury, loss, or damage to personal property, including catastrophic injury or death, related to travel to or suffered by me.

Student's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGN AND DATE THIS FORM; GIVE TO YOUR DEPARTMENT HEAD PRIOR TO DEPARTURE.