



Student and Volunteer Travel to Countries under US State Department Travel Warnings

ASSUMPTION OF RISK AND RELEASE

Name: _____
Last *First* *Middle Name/Initial*

Student or Volunteer ID #: _____ Date of Birth: _____

Cities and Countries to be Visited and Expected Dates of Travel for Each Destination:

Name of Academic Program and Faculty Sponsor for Trip:

By signing this document, I agree to the following:

1. Risk of Travel Abroad: I have carefully read and understand the applicable Travel Warning, posted at: <http://travel.state.gov/>

- A. I understand that the Travel Warning represents the U.S. government's determination that there is a heightened level of risk associated with traveling to the stated country or region;
- B. It may be necessary to cancel the Program if the security situation deteriorates further between now and the departure date;
- C. It may be necessary to leave the country early and quickly if the security situation deteriorates after the Program has begun;
- D. It is crucial that I obey all directives of the University, maintain close communication with the Program's Faculty Sponsor (if applicable), on-site coordinators and my colleagues and classmates, and exercise due caution and common sense in my behavior, choices, activities, locations visited, etc. while participating in this Program and/or travel;
- E. I agree that I will register with the UA's online travel registration site at <http://ua-risk.terradotta.com/> and the US State Department's Smart Traveler Enrollment Program (STEP), <https://step.state.gov/step/>, before departure;
- F. I understand that the US government may not be able to provide me with any legal, medical or emergency assistance while I am in the Countries listed above; and
- G. I understand that international travel as part of my participation in the University of Arizona (the "University") Program specified above is not required by the University and involves risks not found in study at the University's Tucson campus. These risks include, but are not limited to, risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety, and maintenance of buildings, public places, and conveyances; and local medical and weather conditions. I understand that it is required that I will familiarize myself with information about the country and/or region I am going to, including the most current travel warnings and consular information sheets issued by the U.S. Department of State (<http://travel.state.gov>) and the most current health warnings issued by the U.S. Centers for Disease Control and Prevention (<http://wwwnc.cdc.gov/travel/notices.htm>), which may contain information about the inherent dangers and difficulties specific to the country or region of my destination.

2. Institutional Arrangements: I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. I understand that the University is not responsible

for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out of any such matters.

3. U.S. State Department Warning Status: I understand that one or more of the countries that I plan to visit may have a travel warning issued by the U.S. State Department that describes a heightened risk of travel in that area. I understand that travel warnings may change to more urgent status with little or no notice. I understand and agree that a change in U.S. State Department travel warning status or other safety concerns may result in the University suspending the Program and official travel in the affected countries, and that I may be directed to return to the U.S. or relocate to a safer location. By signing this document, I certify that I have read and understand the University of Arizona's Policy for International Travel Safety and Compliance, online at: <http://ua-risk.terradotta.com/>.

4. Independent Activity: If I am traveling with a group, I agree to leave the country that I am visiting with the group at the conclusion of the Program. I understand that, in addition to the other provisions of this agreement, the University is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any University-supervised activities.

5. Health and Safety: I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility for those needs. If I require medical treatment or hospital care in a foreign country during my travel, the University is not responsible for the cost or quality of such treatment or care, or injuries arising from or related to such care. I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in this travel Program.

6. Standards of Conduct:

A. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use, and behavior. I recognize that behavior that violates those laws or standards could harm the University's relations with those countries and the institutions therein, as well as my own health and safety. I also understand that the University is not responsible for providing any assistance, legal or otherwise, in dealing with the laws or standards of foreign countries. I will become informed of, and abide by, all such laws and standards for each country to or through which I will travel, and accept any consequences of violations thereof.

B. I agree to comply with the University's rules, standards, and instructions for behavior. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions. I understand that engaging in research activities or taking research samples from a foreign country without first obtaining appropriate permits may result in monetary fines and/or prison in that country.

C. I agree that the University has a right to enforce the standards or conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from this travel and/or the University, for violating these standards or for any behaviors detrimental to or incompatible with the interest, harmony, and welfare of the University, other participants or third parties. I recognize that due to the circumstances of foreign study programs, procedures for notice, hearing, and appeal applicable to disciplinary proceedings at the University do not apply. If I am expelled, I consent to being sent home at my own expense with no refund of fees.

7. Assumption of Risk and Release of Claims: Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my travel as part of this University Program. To the maximum extent permitted by law, I release and indemnify the State of Arizona, the Arizona Board of Regents, The University of Arizona, and the officers, employees, and agents, from and against any present or future claim, loss, or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in this travel activity (including periods in transit to or from any country that is part of this program).

I have carefully read this Assumption of Risk and Release before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.

Student or Volunteer:

Signature: _____ Date: _____

Please forward completed form to: **FSO-Operations, Travel Office, PO BOX 210158 USB 402**