

High Risk Travel Waiver/Release

I, _____, understand that the University of Dayton has a Travel Policy Travel Guidelines that restricts travel to type country/region, which is included on either the U.S. State Department Travel Warning or Center for Disease Control (CDC) Travel Health Warning lists or the University's commercial insurance carrier. Travel to and in type country/region is considered a **high risk travel**.

In connection with my trip to the above-referenced destination(s), I acknowledge and/or understand the following:

- I have read and understood the most recent travel warning, and have carefully identified, reviewed and considered the risks of travel to my destination(s);
- The US Embassy may temporarily close or suspend public services for security reasons;
- The US Embassy may not be able to provide emergency assistance to me should I require it;
- If there is a need to evacuate, in certain emergencies flights may be suspended, and other departure options may be limited or non-existent;
- Should I experience difficulties, the University of Dayton, its faculty/staff and insurance providers may not be in a position to provide emergency assistance to me;
- Participation in this **high risk travel** has inherent risks that cannot be eliminated regardless of the care taken to avoid injuries;
- The risks and dangers of travel to, in and around this area, includes but is not limited to the dangers to my own health and personal safety posed by terrorism, crime, civil unrest and violence;
- The specific risks include, but are not limited to minor and major physical injuries and or emotional and psychological injuries inflicted accidentally or intentionally by others, or catastrophic injuries, including paralysis and death;
- There may be additional factors of which I am unaware or which have not been brought to my attention;
- The University of Dayton may contact my parent/guardian at any time during my travel to discuss my health or safety;
- I have medical insurance, and emergency evacuation and repatriation insurance*; and
- I have completed the travel registration through UD's Center for International Programs and provided in-country contact information; and agree to register with the U.S. Embassy or Consulate upon arrival in country.

I acknowledge that I am voluntarily participating in the travel described in the waiver. I understand that the University of Dayton is not responsible for my safety and I knowingly and voluntarily assume full responsibility for all risks associated with my travel. I know that I am not required or encouraged to travel and, in fact, the University of Dayton has urged me not to travel to my destination(s).

WAIVER AND RELEASE OF CLAIMS. In consideration of permission and support by the University of Dayton, I for myself and on behalf of my heirs and assigns, hereby release, waive, discharge and hold harmless its trustees, officers, directors, agents or employees, individually and as a whole; the

Marianist order of the Catholic Church; and affiliated institutions and companies (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while traveling to or from and/or at any point during my stay at the destination(s) described above. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my traveling to or from and/or at any point during my stay at the destination(s) described above. I further hereby agree to indemnify the Releasees from any loss, liability, damage or costs they may incur as a result of my travels. It is my express intent that this

Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named Releasees.

In signing this document, I acknowledge that I have had an opportunity to ask any questions I have about it, that I have read and understand it, that I accept its terms, that I have discussed it with a parent/guardian and that I have signed it knowingly and voluntarily. By having this document signed by a parent/guardian, they acknowledge that we have discussed my High Risk Travel and that they agree with my election to travel to type country/region.

Name of Traveler (print)

Department, School or College

Signature

Date

Name of Parent or Legal Guardian (print)

Relationship

Signature

Date

Parent's address: _____

Phone: _____

Email: _____

Please complete and sign, then forward to: Director, Center for International Programs, Zip +1701 or 209 Rike Center, or to your international program director if you are going through a UD program.

* Many policies do not cover claims that are a result of terrorism or if traveling in certain countries. Please be sure to check any exclusions, and that the policy covers all the activities the traveler plans to undertake.