

EMPLOYEE INTERNATIONAL TRAVEL

RELEASE AND ASSUMPTION OF RISK

WHEREAS I, _____, of _____ (department) intend to participate in an international activity at _____ from _____ to _____; and

WHEREAS I have read any program materials and had the opportunities to make inquiry about the program including type of facilities, healthcare, housing, food, transportation and personal safety conditions expected in the locale, the types of activities and physical requirements necessary for successful participation, and consult the Center for Disease Control (CDC) and U.S. Department of State web sites (<http://www.cdc.gov/travel/> for CDC; http://travel.state.gov/travel_warnings.html for State Department).

WHEREAS I understand that I am free to utilize transportation provided via the University of Louisville or to choose a mode of transportation independent of that provided by the University at my own risk and expense;

NOW THEREFORE, in consideration of my being offered the opportunity to participate:

1. I voluntarily and willingly participate and represent that I am medically fit to engage in the international activity and travel. I further agree voluntarily to assume all risks including for accident, illness or damage to my person or property to the extent not covered by Worker's Compensation insurance, University group benefits, or liability of third parties.

2. I acknowledge that foreign travel may entail risks of personal and/or bodily injury including death and property loss, including those resulting from kidnapping, criminal activity, war, terrorist attacks, lack of access to health care, food or beverage contamination, public health problems, and unsafe local transportation. I also understand that some foreign facilities may not meet United States disability access standards.

3. I acknowledge that the University shall have authority to cancel or terminate the travel and related on-site activity in accordance with its policies or best judgment including a cancellation in consideration of international or political developments and/or State Department travel warnings.

4. I understand that I am personally responsible for all my visa, public health and customs compliance, and that if I am not a U.S. citizen or permanent resident alien, reentry to the United States may not be automatic.

I have carefully read this document with the opportunity to consult an attorney if I wish. I understand and agree to be bound accordingly.

Signature of Participant

Date

Signature of Witness

Date

Emergency Contact

Street Address

City/State/Zip

Phone