

UNIVERSITY OF LOUISVILLE INTERNATIONAL TRAVEL INFORMED CONSENT

I, _____, as a University of Louisville (University) employee, or other person traveling abroad on behalf of the University, request authorization to participate in an international activity at _____ from _____ to _____.

1. I understand that, where applicable, incidental work-related activities, such as professional dinners or networking events, to the extent reasonable, will be considered within the scope of my University employment. As is the case with my domestic activities, the University Worker's Compensation insurance and/or liability insurance will cover within applicable policy terms and limits only activities within the course and scope of my employment. Personal activities are not covered. In addition, the University's Workers Compensation insurance may not be available when traveling to a country on the [U.S. Department of State Travel Advisory list](#) (Levels 3 and 4) or [CDC Warning Level 3](#) list (see paragraph 2 below). If you contemplate travel to one of these countries, please contact the University's Office of Study Abroad and International Travel at 502-852-0295 to discuss the specifics of your trip.
2. I have had the opportunity for discussion with University personnel about conditions expected in the locale(s) included in my itinerary and consulted the Centers for Disease Control (CDC) and U.S. Department of State websites. Cultural Insurance Services International (CISI), the [University's international insurance provider](#), can also provide valuable locale-specific information. I understand that if my proposed travel involves a country on the U.S. Department of State Travel Advisory list or a country on the CDC Alert Level 2 or Warning Level 3 list, I must follow Part I, Section IV, and/or Part II, Section II outlined in the International Travel Warning Policy. I further understand that additional licenses and permits may be required for travel to countries listed on the [Department of the Treasury's Sanctions](#) list.
3. I have read program and/or other materials and had the opportunity to inquire about the international program, in which I plan to participate or attend, including type of facilities, healthcare, housing, food, transportation and personal safety conditions expected in the locale and the types of activities and physical requirements necessary for successful participation.
4. I recognize that, while I am engaged in this international activity, including associated travel, there are risks of personal and/or bodily injury and property loss or damage, including illness, injury, death, kidnapping, criminal activity, interactions with foreign law enforcement authorities, civil unrest, terrorist attacks, war, lack of access to healthcare, unauthorized access to or confiscation of personal or University electronics equipment, and food or beverage contamination. The University, the University's insurance provider, and even the U.S. Department of State, may be unable to help in some cases. International air travel may also involve travel rerouting and delays, increased security checks, and additional air passenger restrictions. I also understand that some foreign facilities may not meet United States' disability access standards.
5. I understand that standard, domestic University-provided health insurance may not cover health care required by or provided to me during the international activity. **The University requires that CISI insurance coverage be purchased for assistance with any health-related or**

emergency evacuation expenses incurred during or in connection with work-related international activity. A full description of that coverage and coverage limits are detailed on the [webpage](#). This expense may be covered through departmental or grant funds where available. I understand that the University will not be responsible for expenses not covered by insurance.

6. To the best of my knowledge, I am medically fit to engage in the international activity and travel that I have proposed.
7. I understand that the University has the authority to cancel or terminate the activity or travel in accordance with its policies or best judgment including a cancellation in consideration of international or political developments and/or State Department travel advisories. If the University cancels or terminates the activity or part of it, it will refund any fees still retained by the University and will request a complete refund of any additional money paid by it or me for travel or accommodations, etc. for the work-related international activity. The University is not, of course, responsible for the refund policies and practices of individual vendors. Accordingly, the University has advised that, to the extent I anticipate making personal financial outlays in connection with the proposed trip that will not be covered by the CISI insurance I purchase, I should also purchase full coverage trip cancellation and trip interruption insurance at my personal expense.
8. I will carefully read the information concerning international activity including travel provided in the Provost's full approval email.
9. I understand that I am personally responsible for ensuring my passport meets host country's entry and exit requirements, all my visa, public health, and customs compliance. If I am not a U.S. citizen or permanent resident alien, reentry to the United States may not be automatic.
10. I understand that I will receive a pre-approval email which allows me to purchase flights and make lodging arrangements and, once purchased, it is my responsibility to get this information to the Provost Designee before full Provost approval is given. Failure to receive full Provost approval may interfere with your reimbursement of travel funds.

I have carefully read this document. My signature confirms my request and my willingness to engage in the proposed international activity under the conditions outlined above and in adherence with the University's International Travel Policy.

Participant Name: _____ Date: _____

Signature of Participant: _____

Witness Name: _____ Date: _____

Signature of Witness: _____