

**University of Louisville Employee RELEASE AND ASSUMPTION OF RISK**

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

**WHEREAS**, as faculty or staff at U of L, I understand and agree that I will provide with this form an itinerary detailing my international activity, where applicable; incidental activities, such as dinners or networking events, to the extent reasonable, will be considered within the scope of employment; and I will not be covered by Worker's Compensation insurance or liability insurance for activities not on this itinerary and outside the scope of my employment; personal activities will not be covered; and

**WHEREAS** a Faculty/Staff at UofL, I have had the opportunity for discussion with University personnel about conditions expected in the locale and consulted 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](http://travel.state.gov/travel_warnings.html) for State Department);

**WHEREAS** I have read any program materials and had the opportunity to make inquiry about the program 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; and

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

1. I voluntarily and willingly participate and represent that to the best of my knowledge I am medically fit to engage in the international activity and travel. I further agree voluntarily to assume all risks and responsibility including for accident or damage to my person or property to the extent not covered by Worker's Compensation insurance or University group benefits, or caused by liability of the university or third parties.
2. I acknowledge that personal and/or bodily injury including death and property loss or damage, including those resulting from kidnapping, criminal activity, terrorist attacks, war, lack of access to healthcare, and food or beverage contamination are possible risks of international travel. 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. I have considered these risks and voluntarily agree to assume them.
3. I acknowledge primary responsibility for my own health and agree to purchase CISI insurance coverage for health-related expenses incurred during or in connection with my participation in the activity or to be responsible for any costs associated with my healthcare not covered by CISI insurance.
4. I hereby acknowledge that the University shall have 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 warnings. I agree that if the University cancels or terminates the activity or part of it, it will refund any fees retained by the University and that the University will request a complete refund of any additional money paid by it or me for travel or accommodations, etc. for the activity. I understand that the University is not responsible to me for the refund practice of any particular vendor. Accordingly, I acknowledge the advice of the University that I purchase full coverage trip cancellation and trip interruption insurance at my own expense for my financial losses in connection with any cancellation or termination.
5. I will carefully read the information concerning international travel provided in the approval e-mail and agree to comply with its instructions in connection with this activity. Choosing to not comply with such instructions shall be done at my own risk and without liability to the University.
6. 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**