

**RELEASE AND ASSUMPTION OF RISK**  
**Travel to Center for Disease Control Outbreak Notice/ Travel Heath Precaution Location**

Whereas, I \_\_\_\_\_ a **student/ faculty/ staff** at the University of Louisville, contemplate traveling to \_\_\_\_\_ to engage in \_\_\_\_\_ activities (“Activity”) from \_\_\_\_\_ through \_\_\_\_\_;

Whereas, my participation is voluntary and if this travel is for academic credit, I have been offered alternative means of attaining the desired academic credits;

Whereas, I am aware of and have had an opportunity to carefully read the current CDC Outbreak Notice/ Travel Heath Precaution regarding travel to \_\_\_\_\_ (which is attached hereto) and I understand that said document specifically contains travel warnings and guidelines to Americans.

Whereas, I have been informed and understand the University guidelines for travel to \_\_\_\_\_ during the existence of the CDC Outbreak Notice/ Travel Heath Precaution.

Now therefore, in consideration of my being afforded the opportunity to participate in this Activity, I agree as follows:

1. I voluntarily and willingly choose to participate in this Activity. I have objectives that I believe justify the risks associated with the Activity. I further agree to voluntarily assume all risks including for accident, injury or damage to my health, person or property. I also agree to comply with the Center for Disease Control and Prevention guidelines for travel to \_\_\_\_\_, as well as any notices issued by the U.S. Department of State, <http://www.state.gov/travel>.
2. I acknowledge that personal and/or bodily injury including illness, death and property loss or damage, including that resulting from kidnapping, criminal activity, terrorist attacks, lack of access to health care, and food or beverage contamination, are possible risks of international travel and specifically travel to \_\_\_\_\_. I am also aware of the Zika Virus as reported by the CDC <http://wwwnc.cdc.gov/travel/notices> . International air travel may also involve travel rerouting, interruption and delays, increased security checks and additional air passenger restrictions. I have considered all of these risks, made my own inquiry and investigation, and voluntarily agree to assume them.
3. I, on behalf of myself, my heirs, successors and assigns, hereby waive and release the University of Louisville, its employees, trustees, officers and agents (collectively referred to hereinafter as “University”) from and against all claims, liability, rights, causes of action, costs, attorney’s fees and expenses of any nature whatsoever, whether known or unknown, for any injury, loss, damage, accident, delay or expense, including those resulting from the use of any vehicle, disease, weather, sickness, or arising from any act or omission of any restaurant, transportation or accommodation provider, resulting from or in any way connected with my participation in the Activity. I agree and understand that if for any reason I am unable to participate in the Activity that the University is not responsible to me for any amounts I have expended in connection with the Activity.
4. I understand that this agreement and any claims arising from my participation in the Activity shall be construed according to the laws of the Commonwealth of Kentucky, which shall be the exclusive forum for any lawsuits or actions brought pursuant or incident to this agreement. If any part of this agreement is held to be invalid or unenforceable, the remainder of the agreement shall remain in full force and effect.

**I am at least 18 years old and have carefully read this document with the opportunity to consult an attorney before signing it. I understand that it is a legal contract and a release of legal rights. I understand it and agree to be bound by it.**

\_\_\_\_\_  
**Signature of Participant    Date**

\_\_\_\_\_  
**Signature of Witness                      Date**

Attachment

