



Student Travel to Countries Under US State Department Travel Warnings

ASSUMPTION OF RISK AND RELEASE

**NOTE: This is a release of your legal rights.
Read and understand both sides of this document before you sign.**

Name: _____
Last First Middle Name/Initial

Student ID #: _____ Date of Birth: _____ / _____ / _____
month day year

Countries to be Visited and Expected Dates of Travel for Each Destination:

CEDO, Rocky Point Sonora Mexico, leaving Oct 23, 2009 and returning Oct 25, 2009

Name of Academic Program and Faculty Sponsor for Trip: __MACS, Katrina Mangin

By signing this document, I agree to the following:

1. Risk of Travel Abroad: I understand that international travel as part of my participation in the University of Arizona program specified above involves risks not found in study at the University campus. These include, but are not limited to, risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety, and maintenance of buildings, public places, and conveyances; and local medical and weather conditions. I understand that it is required that I will familiarize myself with information about the country and/or region I am going to, including the most current travel warnings and consular information sheets issued by the U.S. Department of State (<http://travel.state.gov>) and the most current health warnings issued by the U.S. Centers for Disease Control and Prevention (<http://www.cdc.gov/travel>), which may contain information about the inherent dangers and difficulties specific to the country or region of my destination.

2. U.S. State Department Warning Status: I understand that one or more of the countries that I plan to visit may have a travel warning issued by the U.S. State Department that describes a heightened risk of travel in that area. I understand that travel warnings may change to more urgent status with little or no notice. I understand and agree that a change in U.S. State Department travel warning status or other safety concerns may result in the University suspending academic programs and official travel in the affected countries, and that I may be directed to return to the U.S. or relocate to a safer location. By signing this document, I certify that I have read and understand the University of Arizona's Interim Policy Concerning Study, Travel, and Research in Countries Under U.S. State Department Travel Warnings. The policy is available online at: http://policy.web.arizona.edu/~policy/Interim_Travel.pdf

3. Independent Activity: I understand that, in addition to the other provisions of this agreement, the University is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any University-supervised activities.

4. Health and Safety:

I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in this travel. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility for those needs. If I require medical treatment or hospital care in a foreign country during my travel, the University is not responsible for the cost or quality of such treatment or care, or injuries arising from or related to such care.

5. Standards of Conduct:

A. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use, and behavior. I recognize that behavior which violates those laws or standards could harm the University’s relations with those countries and the institutions therein, as well as my own health and safety. I also understand that the University is not responsible for providing any assistance, legal or otherwise, in dealing with the laws or standards of foreign countries. I will become informed of, and abide by, all such laws and standards for each country to or through which I will travel, and accept any consequences of violations thereof.

B. I agree to comply with the University’s rules, standards, and instructions for student behavior. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.

C. I agree that the University has a right to enforce the standards or conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from this travel and/or the University, for violating these standards or for any behaviors detrimental to or incompatible with the interest, harmony, and welfare of the University, other participants or third parties. I recognize that due to the circumstances of foreign study programs, procedures for notice, hearing, and appeal applicable to disciplinary proceedings at the University do not apply. If I am expelled, I consent to being sent home at my own expense with no refund of fees.

7. Assumption of Risk and Release of Claims: Knowing the risks described above, and in consideration of being permitted to participate in this travel, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my travel as part of this University program or activity. To the maximum extent permitted by law, I release and indemnify the Arizona Board of Regents, The University of Arizona, and the officers, employees, and agents, from and against any present or future claim, loss, or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in this travel activity (including periods in transit to or from any country that is part of this program).

I have carefully read this Assumption of Risk and Release before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.

Student
Signature: _____ Date: _____

If the above named student is under 18 years of age, a parent or legal guardian must also read and sign this form.

As the parent or legal guardian for the above named student, I have read the foregoing Assumption of Risk and Release and will be legally responsible for the obligations and acts of the student as described in this Assumption of Risk and Release and agree for myself and for the student to be bound by its terms.

Parent/Legal Guardian Name: _____
Last First Middle Name/Initial

Parent/Legal Guardian Signature: _____

Date: _____

RiskRel 10/04

File completed forms with the UA Academic Department that is Sponsoring the Travel.