



# INDIANA UNIVERSITY

EDUCATION ABROAD

## ASSUMPTION OF RISK AND RELEASE FROM LIABILITY

This Assumption of Risk and Release from Liability pertains to travel to \_\_\_\_\_ (country) during the \_\_\_\_\_ (time period) of 20\_\_ (year).

I, \_\_\_\_\_ (name), wish to travel to \_\_\_\_\_ (country) and hereby state that:

1. Travel to \_\_\_\_\_ (country) is not required as part of any degree program in which I am enrolled or as a condition of current or future employment and that, therefore, my decision to travel to \_\_\_\_\_ (country) is entirely voluntary.
2. I understand that certain risks are inherent in any foreign travel experience and I fully accept those risks. Those risks may include, but are not limited to, such things as war, quarantine, civil unrest, public health risks, criminal activity, terrorism, exposure to communicable diseases, ill effects of unfamiliar food and water, incidents related to ground, air or water transportation, adverse weather conditions, accident, injuries or damage to property, and other physical, mental, and emotional injury.
3. I also understand that, at this time, travel conditions in \_\_\_\_\_ (country) are particularly dangerous. Indiana University has brought to my attention the U.S. Department of State Travel Advisory against travel to \_\_\_\_\_ (country) by United States citizens dated \_\_\_\_\_. I have read and fully understand this advisory. I am proceeding with my travel plans notwithstanding this State Department Advisory.
4. I have been advised that no one can guarantee my safety in \_\_\_\_\_ (country) and I have been strongly advised to have adequate insurance before my departure, which should include medical evacuation, repatriation of remains and life insurance. I have been advised that if I am currently included on my family's insurance policy, that I should make sure that the coverage is valid overseas for the duration of my travel.
5. I understand that my safety may be put at even greater risk if I engage in activities not sponsored or approved by Indiana University, such as during free-time, on weekends, or before or after the Indiana University program period. I understand that Indiana University is not responsible in any way for my safety if and when I engage in activities not sponsored or approved by Indiana University. Such activities include taking local transportation, such as a bus, to visit a tourist site or other place, unless that trip is part of the Indiana University program.
6. I fully understand the above risks involved in the proposed travel and I agree to assume the risks of this travel, including the risk of catastrophic injury or death.



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**ASSUMPTION OF RISK AND RELEASE FROM LIABILITY (Continued)**

7. I agree to indemnify, hold harmless, release and forever discharge Indiana University, its Trustees, employees, agents, and cooperating institutions and their offices and agents (if any) from any and all claims and expenses, including reasonable attorney's fees, for any injury, loss, or damage to personal property, including catastrophic injury or death, related to travel to \_\_\_\_\_ (country) or suffered by me.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_

**NOTE: This statement must also be signed by a parent or guardian IF the applicant is a dependent student (i.e. has been, or could have been, claimed as a dependent on any tax return filed in the past two years, unless the applicant can show that she or she is now financially independent).**

- Check one:     I am an independent student  
                   My parent's signature is provided below

I hereby give my dependent named above permission to participate in this program. I have read the statements above and agree that I and my dependent understand and assume the risks associated with the travel and program, and that we will indemnify and hold harmless Indiana University, its Trustees, employees, and agents, as stated above.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_