

**FOR STUDENT & EMPLOYEES EMBARKING ON
INDIVIDUAL TRAVEL TO A HIGH-RISK LOCATION**

**Informed Consent, Assumption of Risk, and Release of Liability for Travel
Abroad to**

High-Risk Locations

I, _____, have voluntarily elected to participate in an University-Sponsored travel to _____ (city, country) (the “Location(s)”) from _____ (start date) to _____ (end date). I acknowledge that I have been informed that this location is designated as a High-Risk Destination by Adelphi University and there are risks involved in travel to the Location(s). I acknowledge that I have read and understood the applicable U.S. Department of State Travel Advisory/Advisories, dated _____, and/or Centers for Disease Control and Prevention (CDC) Travel Health Notice(s), dated _____, regarding travel to and within the Locations(s). Despite the Travel Advisory/Advisories and/or Travel Health Notice(s), I have decided to pursue my plans to travel internationally.

I know that I am not required to travel to and/or study in the Location(s) to complete any obligations at Adelphi University.

I am aware that I may be subject to risks including, but not limited to, terrorism, war, disease, injury, death, property damage and/or other unforeseeable dangers. I knowingly and voluntarily assume all risks and release and hold harmless, to the maximum extent permitted by law, Adelphi, and its trustees, officers, agents, and employees from any and all claims, demands, and causes of actions, and from liability of any kind or nature whatsoever, including but not limited to bodily injury, death, and property damage, arising out of or relating to my participation in the international travel. I expressly intend that this release binds me, if I am alive, and my estate, family, heirs, administrators, personal representatives or assigns, if I am deceased. I understand that this release includes all transportation and all aspects of my international travel.

Further, I understand that Adelphi University’s ability to award any financial refund is not guaranteed and/or academic credit (if applicable) if I opt to depart the destination early due to security concerns.

I have read and signed this document with full knowledge of its significance. If I am not 18 years of age, the signature of my parent or legal guardian indicates full agreement with and acceptance of the terms of this release.

Traveler's Signature

Date

Printed Name of Student

Signature of Parent/Legal Guardian

Date

(if student is under 18 years of age)

Printed Name of Parent/Legal Guardian

Relationship to Student

(if student is under 18 years of age)

Attach a copy of the reviewed Travel Advisory or Advisories

For Students traveling on Faculty-led Programs that were approved to travel to a Level 3 destination

Informed Consent, Assumption of Risk, and Release of Liability for Travel Abroad to

High-Risk Locations

I, _____, have voluntarily elected to participate in Adelphi-Sponsored international travel in _____ (city, country) from _____ (start date) to _____ (end date). In consideration for being permitted to participate in the Program, I hereby acknowledge and agree to the following:

1. I have read and understand the applicable U.S. Department of State Travel Advisory regarding _____ (country/countries/area(s)) (the "Location(s)"), a copy of which I have attached hereto.
2. The Travel Advisory for the Location(s) is "Level 3: Reconsider Travel." I understand that the Travel Advisory represents the United States' determination that there is a heightened level of risk associated with traveling to the Location(s).
3. I have been advised to review and monitor the U.S. State Department's website for additional travel advisories, warnings, alerts and any additional information regarding the Location(s) in connection with the Program.
4. I understand that it may be necessary to cancel the travel if the security situation deteriorates between now and the departure date.
5. I understand that it may be necessary to discontinue travel to certain locations within a country, or to leave a country early and quickly if the security situation deteriorates after the Program has begun. In either case, I understand that Adelphi University's ability to award any financial refund is not guaranteed and/or academic credit (if applicable) if I opt to depart the destination early due to security concerns.
6. I understand that it is crucial that I follow all directives of Adelphi, maintain close communication with the Program's faculty or administrator, on-site coordinators and classmates, and exercise due caution and common sense in my behavior, choices, activities, locations visited etc. while participating in the Program.
7. I understand that the U.S. government may be unable to provide me with any legal, medical or emergency assistance while I am in the Location(s) in connection with the Program.

8. I understand that travel to the Location(s) may expose me to significant risks, including but not limited to, terrorism, war, crime, civil unrest, health risks, serious bodily injury or death, crime, property damage, natural disaster and other risks that may not be foreseeable.
9. In spite of these risks, I expressly acknowledge that I am knowingly and voluntarily participating in travel to the Location(s) and expressly waive any potential liability of Adelphi.
10. I further agree that should any provision of this document be found to be unenforceable, all remaining provisions shall remain in full force and effect.
11. I represent that I have read this document, that I understand all of the terms, and that my signature below indicates my complete and willful consent to the terms.

Traveler's Signature

Date

Printed Name of Student

Signature of Parent/Legal Guardian
(if student is under 18 years of age)

Date

Printed Name of Parent/Legal Guardian
(if student is under 18 years of age)

Relationship to Student

Attach a copy of the reviewed Travel Advisory or Advisories