

THE UNIVERSITY OF [REDACTED]

**Acknowledgement of Risk and Release Agreement for  
Travel and/or Work in a Country under  
U.S. Department of State Travel Advisory, Level NUMBER**

Country: COUNTRY

1. I hereby affirm that I am a UNIVERSITY student who will be participating in the [REDACTED] Study Abroad Program in COUNTRY for the Spring 20[REDACTED] semester, from DATE to DATE.
2. I acknowledge that the U.S. Department of State has issued a Travel Advisory, Level NUMBER in effect for COUNTRY. I understand that a Travel Advisory, Level NUMBER means that, in the opinion of the U.S. Department of State, I should avoid travel due to serious risks to safety and security.

Specifically, the U.S. Department of State recommends that U.S. citizens:

- Should reconsider travel due to REASONS; and
- Do not travel to
  - LOCATION
  - LOCATION

\_\_\_ I acknowledge that the U. S. Department of State has issued the following additional information about U.S. citizen travel to COUNTRY:

- INFO
- INFO
- INFO

\_\_\_ I have read the current Travel Advisory, Level NUMBER for COUNTRY at:  
<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories/COUNTRY-travel-advisory.html>;  
I acknowledge the caution and advice of the U.S. Department of State.

\_\_\_ I have carefully considered the risks of travel in COUNTRY at this time; and

\_\_\_ I agree not to travel to LOCATIONS.

\_\_\_ I have read the information regarding Travel to High Risk Areas at:  
<https://travel.state.gov/content/travel/en/international-travel/before-you-go/travelers-with-special-considerations/high-risk-travelers.html>. I acknowledge the caution and advice of the U.S. Department of State, and I understand the dangers of traveling to high-risk areas and what the U.S. Department of State can and cannot do in high-risk areas.

3. Despite this information, I have freely and voluntarily decided that I wish to participate in the [REDACTED] Study Abroad Program in COUNTRY, for the [REDACTED] semester. I agree that I will continue to monitor the current Travel Advisories for further developments and any changes in the Travel Advisory levels both before my departure for COUNTRY and during the time I am traveling there.

4. I acknowledge that the U.S. Department of State and UNIVERSITY recommend that U.S. citizens and U.S. nationals enroll in STEP (Smart Traveler Enrollment Program) at <https://step.state.gov/step/> prior to departure. If I am a U.S. citizen or a U.S. national, I agree to enroll in STEP, and I understand and acknowledge that by enrolling in STEP, I will:

- Receive important information from the U.S. Embassy about safety conditions in my destination countries, helping me make informed decisions about my travel plans.
- Help the U.S. Embassy contact me in an emergency, whether natural disaster, civil unrest, or family emergency.
- Help family and friends get in touch with me in an emergency.

5. IN LIGHT OF THE ABOVE, I HEREBY RELEASE, HOLD HARMLESS, AND FOREVER DISCHARGE THE UNIVERSITY, AND ITS EMPLOYEES AND AGENTS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS, AND CAUSES OF ACTION WHATSOEVER ARISING OUT OF OR RELATED TO ANY LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME OR TO ANY PROPERTY BELONGING TO ME WHILE TRAVELING IN COUNTRY.

By initialing the provisions in Section 2 above and by signing below I acknowledge and agree to the terms of this Agreement and I freely and voluntarily assume the risks as described above and as more fully described in the U.S. Department of State Travel Advisory for COUNTRY. I further agree that this release and hold harmless agreement is binding on myself, my heirs, my assigns, and my personal representatives.

\_\_\_\_\_  
Printed Name of Participant

x \_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

*If Participant is under eighteen years of age, signature of a parent or guardian is required:*

x \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian