

GEORGIA STATE UNIVERSITY
TRAVEL TO COUNTRIES UNDER US STATE DEPARTMENT TRAVEL WARNING

ASSUMPTION OF RISK, COVENANT NOT TO SUE AND INDEMNIFICATION

I, _____ (“Participant”), am voluntarily participating in travel to _____ between the dates of _____ and _____ (“My Travel”). My Travel is not a requirement of my employment or program of study with Georgia State University and My Travel plans are purely voluntary. As such, I agree to assume all risk involved with My Travel.

I acknowledge that any international travel involves risks such as accidents, illness, disease, poor sanitation, inadequate medical care and facilities, terrorism, crime, the hazards of travel, natural disasters, and other hazards arising from a wide variety of events and circumstances which cannot be enumerated. Moreover, I acknowledge that My Travel has significantly heightened risk since it involves travel to a location currently under a Travel Warning issued by the United States Department of State. I am aware of and voluntarily assume the heightened risk of My Travel.

In consideration of the professional and educational enrichment that I will derive from My Travel, and other valuable consideration the receipt whereof is hereby acknowledged, I do also hereby, for myself, my heirs, executors, administrators, and assigned, waive, release, covenant not to sue and forever discharge the Board of Regents of the University System of Georgia and Georgia State University and their members, agents, servants and employees (each of the foregoing being hereinafter referred to as the "University") of and from any and all manner of action or actions, causes or causes of action, including, but not limited to negligence, suits, debts, accounts, damages, claims and demands of whatsoever in law, in admiralty, or in equity or otherwise, which I have or may acquire by reason of injury, damage or harm to person while participating in My Travel arising out of, or connected with, participation in said travel.

Further, I agree to defend, indemnify and hold harmless the University from any and all claims, demands, and/or causes of action arising out of my own actions while participating in the travel.

I acknowledge that I am solely responsible for obtaining all vaccinations recommended for travel to the countries to which I will travel and that illness due to failure or refusal to do so is my sole responsibility.

I understand and acknowledge that the University assumes no responsibility or liability, in whole or in part, for any delays, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, accident, injuries, damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever beyond the University's control, with or without notice, or for any additional expense occasioned by any of the foregoing.

I assume sole responsibility for my safety during My Travel. I understand that I am solely responsible for obtaining all documentation necessary for my travel including, but not limited to, obtaining a passport and any required visas. I further understand that, in the event my citizenship status requires me to obtain a visa or other documentation prior to reentry into the United States after traveling abroad, that I bear the sole risk and responsibility for obtaining such documentation; further, I agree to hold the University harmless if I am unable to obtain such required documentation and, as a result, am denied reentry into the United States.

I understand and agree that the University assumes no responsibility if My Travel is cancelled before departure or while in progress for any reason including, but not limited to, political unrest or perceived danger to participant safety. I understand that I am solely responsible for any financial losses I incur in connection with My Travel.

I realize that baggage is carried or conveyed during My Travel at my own risk and that baggage insurance is strongly recommended.

I attest that I have received, read and understand this Assumption of Risk, Covenant not to Sue And Indemnification and agree to be bound by its terms.

Participant Signature

Date

Witness Signature

Date