SUPPLEMENTAL ASSUMPTION OF RISK AND RELEASE FROM LIABILITY
For Travel to State Department Warning & CDC Warning Level 3 Sites

This Assumption of Risk and Release from Liability pertains to travel to __________ Country
during the time period __________ Month, Day, Year to __________ Month, Day, Year.

I, ________________, wish to travel to ________________, Country
and hereby state that:

1. Travel to ________________ is not required as part of any course or degree program in which I am enrolled or as a condition of current or future employment and that, therefore, my decision to travel to ________________ is entirely voluntary.

2. I understand that certain risks are inherent in any foreign travel experience and I fully accept those risks. These 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 ________________ are particularly dangerous. University of Kentucky has brought to my attention the U.S. Department of State Travel Warning or CDC Warning Level 3 against travel to ________________ by United States citizens dated ________________. I have read and fully understand this warning. I am proceeding with my travel plans notwithstanding this State Department Warning or CDC Warning Level 3 and suggestion made to me by University officials that I defer this travel until a lower level of alert for ________________ is reinstated by the U.S. Department of State or CDC.

4. By approving this exception and providing any information related to this travel, the University of Kentucky is not recommending or endorsing travel or study to any country covered by a U.S. Department of State Travel Warning or CDC Warning Level 3.

5. I have been advised that no one can guarantee my safety in ________________ and I have travel medical insurance that meets the University of Kentucky’s minimum requirements and the coverage is valid overseas for the duration of my travel.

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.

7. I agree to indemnify, hold harmless, release and forever discharge The University of Kentucky, 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 ________________ or suffered by me.

________________________       _____________________________
Signature of Applicant                                                   Printed Name

__________________       _______________________  
Date         Student/Employee ID#