

SUPPLEMENTAL ASSUMPTION OF RISK AND RELEASE FROM LIABILITY
For Travel to Destinations under Department of State Level 3 or Level 4 Advisories
or a CDC Warning Level 3

This Assumption of Risk and Release from Liability pertains to travel to _____
Country

during the time period _____ to _____
Month, Day, Year Month, Day, Year

I, _____, wish to travel to _____
Name 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 Level 3 or 4 Advisory, or CDC Warning Level 3 against travel to _____ by United States citizens dated _____. I have read and fully understand this Advisory or Warning. I am proceeding with my travel plans notwithstanding this State Department Advisory or CDC Warning Level 3 and suggestion made to me by University officials that I defer this travel until a lower level of advisory or warning 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 or region covered by a U.S. Department of State Level 3 or 4 Advisory 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#