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 ____________________________
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#