



## INTERNATIONAL TRAVEL WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

As a student, faculty, staff member or agent of Wilkes University, I have agreed to participate in the \_\_\_\_\_  
\_\_\_\_\_(Program) to be held at \_\_\_\_\_(Location). In  
consideration of being allowed to participate in the Program, I hereby agree as follows:

1. I recognize and acknowledge that there are certain risks of physical injury (including death) which may arise from travel, study and work abroad. I also recognize that there are other risks such as those described in the State Department Consular Information Sheet or Travel Warning (see [http://travel.state.gov/travel/cis\\_pa\\_tw/cis/cis\\_4965.html](http://travel.state.gov/travel/cis_pa_tw/cis/cis_4965.html)) and health risks as described in the Center for Disease Control Health Information (see <http://www.cdc.gov/travel>). I acknowledge I have read this information as it pertains to the countries in which I will travel as part of the Program.
2. My participation in the Program is entirely voluntary. I understand that the Program may be cancelled by Wilkes University ("Wilkes") due to political, social, environmental or other risks, although Wilkes shall have no duty to do so, and that in the event of such cancellation the University shall not be responsible for any expense incurred by me including travel expenses. I have no physical condition or dietary needs which would present a risk of injury to me through my participation in the Program. Notwithstanding any instruction or consultation by Wilkes, I agree to assume responsibility for any injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with the Program, except if caused by the sole negligence of Wilkes.
3. I agree to abide by all applicable rules, regulations and instructions of the University, the host organization or institution, partner institutions and each and every of their staff, agents, representatives or designees. I further agree to abide by the laws of the governmental jurisdictions at the place or places of the project. I understand that noncompliance with applicable rules, regulations, instructions or laws may result in my expulsion from the project and/or forfeiture of project fees. I further understand that if I violate any applicable rule, regulation, instruction or law at any time during the project, I may be sent home immediately at my own expense. I agree to reimburse the University for any and all costs associated with sending me home.
4. I hereby release and discharge Wilkes University, its trustees, employees, agents and representatives from any and all liability, claims, damages and losses, including, without limitation, those arising from delays, delayed or changed departure, or arrival, missed carrier connections, weather, strikes, acts of God, force majeure, war, terrorism, quarantine, criminal activity, accident, sickness, injury or death, or other events outside the control of Wilkes, that may be sustained by me or to any of my property while participating in the Program.
5. I hereby agree to indemnify and hold harmless Wilkes University, its trustees, employees, agents and representatives from any and all liability, loss, damage, or expense, including attorneys' fees, which arise out of, occur during, or are in any way connected with my participation in the Program or any travel incident thereto.
6. I also understand that the Wilkes does not provide health insurance, accident insurance, trip cancellation or baggage insurance to me. I certify that I have health insurance that will cover medical services that might be necessary and agree that I will not participate in the Program should I become uninsured. I further understand that should Wilkes discover that I have not satisfied any one of these requirements, it may, but is not required to, terminate my participation in the Program.
7. It is my express intent that this Agreement shall bind the members of my family, my heirs and assigns. This Agreement shall be construed in accordance with the laws of the Commonwealth of Pennsylvania.

I am 18 years of age or older. I have read and fully understand the above and I voluntarily sign this Agreement.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_