



Notice Regarding Travel Advisory Level 3 or 4 Countries
University-Funded International Student Travel - Academic Year 2021-22

The United States Department of State (“State Department”) issues a Travel Advisory for every country in the world. These advisories describe the risks associated with traveling to a specific country, as well as actions any United States citizen should take to ensure their safety. The State Department issues advisories at four levels:

Level 1: Exercise normal precautions.

Level 3: Reconsider travel.

Level 2: Exercise increased caution.

Level 4: Do not travel.

Similarly, the Center for Disease Control (“CDC”) issues travel recommendations by country, also adhering to four levels:

Level 1: COVID-19 Low

Level 3: COVID-10 High

Level 2: COVID-19 Moderate

Level 4: COVID-19 Very High

Currently, many countries have a Level 3 or 4 Travel Advisory in place under either, or both, the CDC and State Department travel advisory and recommendation systems. In assessing international student travel for the 2021-22 academic year, the University of Puget Sound (“University”) has determined that it will allow University funds to support students to travel to countries with a Level 3 or 4 Travel Advisory if that advisory is solely related to the COVID-19 pandemic and is not related to any other safety, security, or health factors. This decision was made in light of increased knowledge and awareness of public health guidelines for the COVID-19 pandemic, and the University’s requirement that students be vaccinated against COVID-19 and provide proof of such vaccination prior to traveling.

However, the COVID-19 pandemic poses unprecedented risks for travelers, and students electing to travel to Level 3 or 4 countries are assuming a higher level of risk, both in terms of becoming ill, or being stranded overseas due to changing travel restrictions to and from the United States. As such, students utilizing University funding to travel internationally must sign a release before traveling to Level 3 or 4 countries indicating they are aware of the risks associated with their travel to these countries and their personal responsibility for assuming those risks.

By signing below, the Student and/or their parent or guardian, agree that they have read and understand the State Department Travel Advisory and CDC Health Notice specific to the country they will be traveling to. Advisories can be found using the links below.

State Department: travel.state.gov/content/travel/en/traveladvisories/traveladvisories

CDC: wwwnc.cdc.gov/travel/notices

Student’s Signature

Date Signed

Student’s Printed Name

Parent/Guardian's Signature (if Student under 18)

Date Signed

Parent/Guardian's Printed Name (if Student under 18)

**Release, Waiver, and Indemnification Agreement for Travel Advisory Level 3 or 4 Countries
University-Funded International Student Travel | Academic Year 2021-22**

I, [STUDENT NAME], ("Student") am a student at the University of Puget Sound ("University") and I have accepted a University-funded student grant ("University Grant") to apply towards international travel to [CITY, COUNTRY] during the 2021-22 academic year, despite potential risks posed by the ongoing COVID-19 pandemic. I understand that the country I am traveling to currently has a Level # Travel Advisory in place per the United States Department of State ("State Department"). I further understand that at the time I am planning my travel, this level is solely due to risks associated with the COVID-19 pandemic.

In recognition of the risks related to traveling to a Level 3 or 4 country, as assessed by the State Department, I hereby acknowledge and agree to the following:

1. **ELECTIVE PARTICIPATION.** I acknowledge that my decision to accept and utilize University Grant funding to travel internationally is elective, voluntary, and not required by University.
2. **VACCINATION.** I understand that all students traveling internationally with University Grant funding must be vaccinated against COVID-19 in accordance with the University's policy and must submit proof of vaccination before traveling, and I agree to fulfill this requirement no later than [REDACTED].
3. **INFORMED CONSENT RELATED TO TRAVEL ADVISORY LEVEL 3 OR 4 COUNTRIES.** I have been informed of and I understand the various aspects travel in and around [CITY, COUNTRY], which is currently subject to health, safety, or travel restrictions by the United States government as explained on page 1, "Notice regarding Travel Advisory Level 3 or 4 Countries." I understand that travel outside the United States to countries currently classified as Level 3 or 4 is considered dangerous and I accept the risks of such travel.

4. ASSUMPTION OF RISK, RELEASE OF CLAIMS AND INDEMNIFICATION.

(a) **ASSUMPTION OF RISK.** I understand the personal and health risks and dangers of failing to abide by the recommended prohibitions against tourism and non-essential travel to, in and around [CITY/COUNTRY/REGION]. I understand that there are potential dangers incidental to travel internationally at this time, some of which may be dangerous and which may expose me to the risk of illness, personal injuries, property damage, or even death.

I acknowledge that it may be difficult to access medical care or treatment, that available medical treatment may not equate with the level of care available in many U.S. hospitals, and that these conditions may subject me to additional risks of injury, disease, death or damage to my personal property; and, that any illnesses, injuries, or damage I sustain may grow more severe or lead to my premature death due to the particular conditions at this time.

I HEREBY ASSUME, KNOWINGLY AND VOLUNTARILY, ALL RISKS, BOTH KNOWN AND UNKNOWN, AND I ASSUME FULL RESPONSIBILITY FOR MY TRAVEL IN A COUNTRY UNDER A TRAVEL ADVISORY LEVEL 3 OR 4.

(b) **RELEASE AND WAIVER OF LIABILITY.** I, on behalf of myself, my personal

representatives, heirs, executors, administrators, agents, and assigns, **HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** University, its governing board, directors, officers, employees, agents, volunteers and any students (collectively "Releasees") for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any illness, injury, property damage, or death that I may suffer as a result of my use of a University Grant to travel internationally, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys' fees, which arise out of, result from, occur during or are connected in any manner with any related or independent travel, and any activities, excursions, side trips or field trips in which I participate while utilizing University Grant funding, irrespective of whether or not they are sponsored, supervised or controlled by University in any manner **AND REGARDLESS OF WHETHER THE ILLNESS, INJURY, DAMAGE OR DEATH IS CAUSED BY RELEASEES, UNLESS THE INJURY, DAMAGE, OR DEATH IS CAUSED BY RELEASEES' GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT, AND REGARDLESS OF WHETHER THE ILLNESS, INJURY, DAMAGE, OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT TO OR FROM THE PREMISES WHERE THE ACTIVITY, OR ANY ADJUNCT TO THE ACTIVITY, OCCURS OR IS BEING CONDUCTED.** I further agree that Releasees are not responsible for any illness, injury, damage, or death that I sustain as a result of my own negligent acts.

(c) INDEMNITY. I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless, defend and indemnify Releasees from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any illness, injury, property damage or death that I may suffer as a result of my use of a University Grant to travel internationally, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys' fees, which arise out of, result from, occur during or are connected in any manner with any related or independent travel, and any activities, excursions, side trips or field trips in which I participate while utilizing University Grant funding, irrespective of whether or not they are sponsored, supervised or controlled by University in any manner and **REGARDLESS OF WHETHER THE ILLNESS, INJURY, DAMAGE, OR DEATH IS CAUSED BY RELEASEES OR OTHERWISE, UNLESS THE ILLNESS, INJURY, DAMAGE, OR DEATH IS CAUSED BY RELEASEES' GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT.**

5. RESPONSIBILITY FOR TRAVEL ARRANGEMENTS. I understand and agree that I will be responsible for my own travel arrangements and immigration compliance.

6. PERSONAL BELONGINGS. I understand and acknowledge that Releasees are not responsible for the loss of any personal belongings or property that I sustain while utilizing University Grant funding, including but not limited to the loss of credit cards, cash, luggage, and other items.

7. MEDICAL TREATMENT. I understand and agree that Releasees assume no responsibility for any illness, injury, damage, or death which might arise out of or in connection with my utilization of University Grant funding.

8. CONTACT INFORMATION. I authorize University to contact the following person(s) in the event of a medical or other emergency:

(Primary Contact)

Name: _____

Address: _____

Telephone: _____

Cell phone _____
Email: _____
Relationship: _____

(Alternative Contact)

Name: _____
Address: _____

Telephone: _____
Cell phone _____
Email: _____
Relationship: _____

9. **SEVERABILITY:** If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

10. **GOVERNING LAW; ENTIRE AGREEMENT.** I agree that this Agreement shall be construed in accordance with the laws of the State of Washington, which shall be the forum for any dispute concerning my participation in the Program. This Agreement represents my complete understanding with the University concerning its responsibility and liability with to my utilization of University Grant funding to travel internationally. This Agreement supersedes any previous or contemporaneous understandings I may have had with University on this subject, whether written or oral.

(REMAINDER OF PAGE INTENTIONALLY LEFT BLANK)

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY RELEASEES. I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. BY MY SIGNATURE I REPRESENT THAT I AM OF A LEGAL AGE CAPABLE OF CONSENT OR, IF NOT, THAT I HAVE SECURED BELOW THE SIGNATURE OF MY PARENT OR GUARDIAN AS WELL AS MY OWN.

Date: _____

(Signature)

(Printed Name of Student)

Signature of Parent/Guardian for Participant:

I certify that I have custody of Participant or I am the legal guardian of Participant by court order. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS. **I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY UNIVERSITY.**

Date: _____

(Signature of Parent or Guardian)

(Printed Name of Parent or Guardian)

Received by:

Date: _____

(Signature)

(Printed Name of University Official)