

SPECIAL WAIVER AND ACKNOWLEDGEMENT

FOR FACULTY WHO STUDY OR CONDUCT RESEARCH IN COUNTRIES FOR WHICH A TRAVEL WARNING HAS BEEN ISSUED BY THE U.S. DEPARTMENT OF STATE AND/ OR A HEALTH WARNING HAS BEEN ISSUED BY THE CENTERS FOR DISEASE CONTROL (CDC)

Any University of Puget Sound faculty, of whatever nationality, who intends to study or conduct research that is supported by University funds in a country for which there exists prior to departure a Department of State Travel Warning or a CDC Health Warning is required by the University to complete this form. This form is intended to ensure that the faculty member is aware of the Warning(s) and its recommendations, and of his or her personal responsibility for the risks. University of Puget Sound's financial support of the faculty member's travel is not granted unless this form is signed by the faculty member. The completed form should be submitted along with the faculty member's funding application to the Office of the Associate Deans.

With my signature below, I acknowledge that:

1. I have read the U.S. Department of State Travel Warning http://www.travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html and/or the Centers for Disease Control Health Travel Warning <http://www.cdc.gov> issued on _____, concerning travel by US citizens to _____. In spite of that warning, I have voluntarily and on my own initiative elected to undertake a research project in _____ from _____ (date) to _____ (date).
2. I have read and signed the University of Puget Sound's *Waiver, Release and Indemnification Agreement for University of Puget Sound Faculty Foreign Travel*.
3. I am aware that the University of Puget Sound recommends against travel to countries for which there exists a current U.S. Department of State Travel Warning and / or a CDC Health Travel Warning.
4. The University of Puget Sound, including its employees, is not responsible for my health, safety or security while I am in, or traveling to or from, _____ and insurance policies may not apply in locations for which a Travel Warning exists.
5. Current University of Puget Sound students will not be traveling with me during any part of my trip.

Faculty Signature

Faculty Name Printed

Date

Witness Signature

Witness Name Printed

Date