

University of Dayton

High Risk Travel Release

I, _____ (print name), understand that the University of Dayton has a travel policy that may restrict travel to areas that have been deemed “high risk” based on advisories by the U.S. Department of State, the Centers for Disease Control, and the U.S. Treasury Department. High risk travel is defined on our Travel Process page [here](#). Currently, travel to _____ (type name of country/region) is deemed “high risk.”

In connection with my trip to the above-referenced destination(s), I acknowledge and/or understand the following:

- 1) I have read and understood the most recent travel advisories and/or warning(s), and have carefully identified, reviewed and considered the risks of travel to my destination(s).
- 2) I have read and understood the most recent travel information on International SOS for my destination(s).
- 3) The U.S. Embassy may temporarily close or suspend public services for security reasons.
- 4) The U.S. Embassy may not be able to provide emergency assistance to me should I require it.
- 5) If there is a need to evacuate, and/or in certain emergencies, flights may be suspended, and other departure options may be limited or non-existent.
- 6) Should I experience difficulties, the University of Dayton, its faculty/staff, insurance, medical and security providers may be limited in providing emergency assistance to me.
- 7) Traveling to a city, country or area that is high risk has inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.
- 8) The risks and dangers of travel to, in and around this area include but are not limited to the dangers to my own health and personal safety posed by public health crises, terrorism, crime, civil unrest, or violence.
- 9) The specific risks include, but are not limited to, minor and major physical injuries, spread of disease and or emotional and psychological injuries inflicted accidentally or intentionally by others, and/or catastrophic injuries, including paralysis and death.
- 10) There may be additional factors of which I am unaware or which have not been brought to my attention.
- 11) The University of Dayton may notify my emergency contact at any time during my travel to discuss my health or safety.
- 12) The University of Dayton may need to arrange for emergency care or other provision during the trip, and I will comply with that care and/or provision of services, but in no event does this make the University of Dayton responsible for securing or otherwise identifying such care or services or responsible for the quality (or lack thereof) of that care.
- 13) I am familiar with all services, including emergency evacuation and repatriation, associated with International SOS, as well as the health insurance that is provided through Aetna for UD travelers abroad.
- 14) I will cooperate with all instructions and requests of the University of Dayton during the trip.

- 15) I have either completed UD's application to travel (via Studio Abroad/Terra Dotta) or have completed an application for a program through UD's Office of Education Abroad website and provided in-country contact information.
- 16) I agree to register with the U.S. Embassy or Consulate before arrival in country.
- 17) I will strongly consider subscribing to the International SOS Assistance App on any mobile smartphone that I use while abroad to optimize access to up-to-date country information and alerts.
- 18) I understand that the University will not provide refunds or financial support for program disruptions, cancellations or other changes to the travel plan.

I acknowledge that I am voluntarily participating in travel. I understand that the University of Dayton is not responsible for my safety, and I knowingly and voluntarily assume full responsibility for all risks associated with my travel. I know that I am not required to travel and, in fact, have the choice to decline participation on a program or suspend personal international travel at this time.

I acknowledge that I have considered the following during the COVID-19 global health pandemic:

- a) An outbreak at the destination (or transit location) could occur at any time and could escalate rapidly.
- b) Access to quality medical care, the usual standard of local medical care, the local health system's capability to manage a sudden surge in demand.
- c) Whether I am in an increased risk group for severe illness due to COVID-19 (refer to the [Centers for Disease Control COVID-19 page](#) for the most recent information on increased risk groups)
- d) Bans, quarantines and similar restrictions, mandatory leave of absences required at the destination, and subsequent destinations including return to country of origin.
- e) My ability and comfort level to stay for an extended period at my destination in the event of a short-notice travel restriction and potential quarantine measures.
- f) The nature of the overall infrastructure and security environment in the country, including the potential for a deterioration in law & order or the risk posed by secondary security incidents, such as xenophobic attacks, increase in social unrest, or wider instability exacerbated by the COVID-19 outbreak.
- g) How to ensure access to reliable, nuanced, information to inform decision-making
- h) Whether I am prepared to remain in the country with the conditions identified in the risk assessment above.
- i) How to be prepared for strict compliance with local government containment efforts including daily reporting, contact tracing, stay at home notice/leave of absence, etc.
- j) My family may not be able to come see me if I become ill due to sometimes quickly shifting travel restrictions.

WAIVER AND RELEASE OF CLAIMS. In consideration of permission and support by the University of Dayton, I hereby release, waive, discharge and agree not to sue the University of Dayton, its members, trustees, officers, directors, agents or employees, individually and as a whole; the Marianist Province of the

United States; and/or affiliated institutions and companies (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while traveling to or from and/or at any point during my stay at the destination(s) described above. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my traveling to or from and/or at any point during my stay at the destination(s) described above. I further hereby agree to indemnify and save and hold harmless the Releasees and each of them, from any loss, liability, damage or costs they may incur as a result of my travels. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative(s), if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named Releasees.

In signing this document, I acknowledge that I have had an opportunity to ask any questions I have about it; that I have read and understand it; that I accept its terms; that I have discussed it with my family and/or emergency contact; and that I have signed it knowingly and voluntarily.

Name of Traveler (print)

Department, School or College

Signature

Date

UD ID Number

Undergraduate Students: Have your parent or guardian complete the following section.

I have read my student's waiver request as well as this release form and am in support of their request to engage in the high risk travel outlined in their request.

Name of Parent/Guardian

Signature

Email (Parent/Guardian)

Phone (Parent/Guardian)