

**FACULTY, STAFF, AND OTHERS  
TRAVELING TO HIGH-RISK REGIONS**

**UNIVERSITY OF HARTFORD  
ASSUMPTION OF RISK AND RELEASE OF LIABILITY  
(Travel to High-risk Regions)**

Traveler's Name: \_\_\_\_\_

Department: \_\_\_\_\_

Dates of Trip/Destination(s): \_\_\_\_\_

**Attach Itinerary (include modes of transportation to, within and from destinations(s), hotels/housing, and schedule)**

**In connection with my trip to the above-referenced destination(s):**

1. I have carefully identified, reviewed and considered the risks of travel to my destination(s), including by reading the most recent relevant U. S. State Department ("DoS"), Centers for Disease Control ("CDC"), and World Health Organization ("WHO") Travel Warning(s) available through <http://travel.state.gov>, <http://www.cdc.gov>, <http://www.who.int.html> (Travel Warning), as well as the University of Hartford (hereinafter "University") Travel Warning Policy dated December 10, 2008 attached to this form, the State Department's updated worldwide caution at <http://travel.state.gov/wwc1.html> and Public Announcement on Severe Acute Respiratory Syndrome (SARS) at [http://travel.state.gov/sars\\_announce.html](http://travel.state.gov/sars_announce.html), and the CDC and WHO travel advisories on SARS on their websites.
2. I have, consistent with the University Travel Warning Policy section 4.4 for staff and section 5.2 for faculty, provided a rationale for travel including details of the geographic environment, travel advisories or warnings of other countries, local support structure, familiarity and experience with the locale and culture, significance of the travel. I have also received approval from my department chair, dean or supervisor.
3. I know conditions in my destination(s) may change rapidly and will stay informed of current events on a frequent, at least daily, basis by obtaining updated security and health information from, and registering with, the nearest U. S. Embassy or Consulate General (see Travel Warning for contacts), and from the DoS, CDC and WHO websites. I will also enroll in the warden system with the U. S. Consulate(s) nearest my destination(s). If I am not a U. S. Citizen, I will register with my home country's Embassy or Consulate and get updated information from the U. S. and my home country's Embassies or Consulates, and the DoS, CDC, and WHO websites.
4. I have or will secure health insurance to provide adequate coverage for any injuries or illness that I may sustain or experience while participating in the Program. By my signature below I certify that I have confirmed that my health care coverage will adequately cover me while outside the United States, and hereby release on behalf of myself, my heirs, executors, administrators and assigns, the University, its employees, officers and regents from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) that I may incur because of those injuries or illnesses.
5. I know that I am not required or encouraged to travel and in fact, University has urged me to not travel to my destination(s).

6. I hereby release, waive, discharge and covenant not to sue University, its regents, officers, servants, agents and employees (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 the destination 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 the destination 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 during 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, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees.
  
7. I agree that should any provision or aspect of this agreement be found unenforceable, that all remaining provisions of the agreement will remain in full force and effect.
  
8. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement, I have the right to consult with the advisor, counselor, or attorney of my choice. I enter this Assumption of Risk and Release of Liability of my own free will and accord, voluntarily and without duress.
  
9. I agree that, should there be any dispute concerning my participation in the project that would require the adjudication of a court of law, such adjudication will occur in the courts of, and be determined by the laws of, the state of Connecticut.
  
10. This agreement represents my complete understanding with the University concerning the University's responsibility and liability for my participation in the project, supersedes any previous or contemporaneous understanding I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.

\_\_\_\_\_  
 Traveler's signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Telephone

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\_\_\_\_\_  
 Email