

Student's Name: _____ Destination (country): _____ Date: _____

University of Massachusetts Release of Liability for High Risk Destinations

ASSUMPTION OF RISK AND GENERAL RELEASE FORM: *THIS IS A RELEASE OF LEGAL RIGHTS –READ AND UNDERSTAND BEFORE SIGNING*

I am a student at the University of Massachusetts (“UMass”) and have received university approval, funding and/or will receive academic credit for research, study, work or travel in a foreign country or countries (the “Project”). I have chosen to undertake this Project voluntarily. I am not required to undertake this Project as a condition of receiving my degree. This agreement confirms my understanding of the following:

1. Risks of International Travel; I understand that participation in the Project and international travel involves risks not found in study at UMass. These include without limitation risks involved in traveling to and within, and returning from, international locations; foreign political, legal, medical, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; and local weather conditions. The country or countries to which I will travel may have health and safety standards substantially below those enjoyed in the United States, and I recognize that I may be subjected to potential risks, illnesses, injuries and even death. I have made my own investigation of these risks, understand these risks and assume them knowingly and willingly. I also acknowledge that in working, living and traveling in cities abroad, I may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are not equivalent to life in the United States. I will take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that UMass recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well-being.

Although UMass is providing approval, funding and/or academic credit for the Project, UMass's evaluation of the Project has been solely on its academic merits. Among other things, UMass is not in the position to evaluate, and therefore has not evaluated, whether the Project will take place in a safe and secure environment but will try to offer students reasonable warnings about known dangers of the program location. Judgments about safety and security are judgements I recognize I must independently make.

I am aware that the U.S. State Department considers the country I'm traveling to, or regions within the country I am traveling to, as high-risk and I have read and understood the Travel Advisory (please see: <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html>) for all destinations in my itinerary. I acknowledge that I have knowingly and voluntarily decided to go forward with my travel plans in connection with the Project despite this notice. I also have read and understood the U.S. Department of State Consular Information Sheet about the country or countries to which I am traveling (available on the State Department website at <http://travel.state.gov>).

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2. Health Insurance; Medical Care; Health and Safety Concerns. I am aware that, during my participation in the Project, I will be automatically enrolled in the [UMass International Travel Insurance program](#). I understand and agree that if, during my participation in the Project, UMass learns that I am experiencing serious health problems, have suffered an injury, or am otherwise in a situation that raises significant health and/or safety concerns, then UMass may contact my parents or any other person whose name I have provided as my "emergency contact." I understand that UMass ordinarily will not initiate such contact without first having a discussion with me.

I also understand that I am responsible for obtaining any recommended immunizations before traveling to my destination. I carry valid and current medical insurance and have a valid insurance identity card to bring. I have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while participating in the Project. I will be solely responsible for payment in full of all costs of medical care I may receive during my participation in the Project.

Before departure, I will enroll in the US State Department Smart Traveler Enrollment Program (STEP) traveler registration program: <https://step.state.gov/>

3. Standards of Conduct. I recognize that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations; with UMass's policies for student conduct (including without limitation those set forth in the *UMass Student Conduct Code and Conduct Process* and in any Project-specific materials); and with the policies of my host institution (if any). I promise to act responsibly and will become informed of, and will abide by, all such laws, regulations, policies and standards. I will comply with UMass's policies, standards and instructions for student behavior. I agree that UMass has the right to enforce all standards of conduct described above.

4. Travel Arrangements. I understand that UMass does not represent or act as an agent for, and cannot control the acts or omissions of, any host family, employer, transportation carrier, hotel, tour organizer or other provider of food, goods or services involved in the Project. I understand that UMass is not responsible for matters that are beyond its control, and that it cannot warrant the safety or convenience of the circumstances under which I will be living or working.

5. GENERAL RELEASE. Knowing the risks described above, in consideration of my participation in the Project, I agree, on behalf of my family, heirs, personal representative(s), successors and assigns, to assume all the risks and responsibilities surrounding my participation in the Project and release, hold harmless the Commonwealth of Massachusetts, the University of Massachusetts, and its trustees, officers, employees, representatives, and agents, from and against any and all claims, demands, causes of action, suits, loss or liabilities whatsoever of every name and nature, in law, equity and otherwise, which, against the said Commonwealth of Massachusetts, the University of Massachusetts, its trustees, officers, employees and agents, I, for myself, my heirs, administrators, executors, successors and assigns now have or ever had or can, shall, or may have, arising out of or which might arise out of, directly or indirectly, any and all alleged personal, pecuniary, and bodily injury to me as a result of my participation in the Project (including periods in transit to or from my destination).

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I have carefully read and freely signed this Assumption of Risk and General Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the Commonwealth of Massachusetts (excluding its conflict of laws principles), which shall be the forum for any lawsuits filed under or incident to this agreement or the Project.

Student Signature _____ Date _____

Student Name (print) _____

Witness Signature _____ Date _____

Witness Name (print) _____

The witness is someone who can attest to the authenticity of the above student's signature.

If the student is **under age 18**, a parent or guardian's signature is required:

Parent or Guardian Signature _____ Date _____

Parent or Guardian Name (print) _____

The **ORIGINAL** of this release **with original signatures must be submitted to your Study Abroad Office.** Photocopied, scanned or faxed copies will **NOT BE ACCEPTED.**