



INDIANA UNIVERSITY

OFFICE OF THE VICE PRESIDENT
FOR INTERNATIONAL AFFAIRS

ASSUMPTION OF RISK AND RELEASE FROM LIABILITY for Individual IU Graduate Student International Travel

I, _____ (first name) _____ (last name), wish to travel to
_____ (city), _____ (country) from
_____ (start date) to _____ (end date), in order to (basic
description of activity (i.e. attend a conference or conduct field research))

and hereby acknowledge:

PART I: With respect to all International Destinations:

1. I acknowledge IU's strong recommendation that I be fully vaccinated and boosted against COVID-19 prior to international travel.
2. I understand that due to the nature of the COVID-19 disease, it is impossible to eliminate the risk of being exposed to or contracting COVID-19 while traveling abroad. In countries experiencing significant COVID-19 outbreaks, it may be difficult to obtain medical care (including care unrelated to COVID-19).
3. Travel restrictions, including restrictions barring or limiting re-entry into the United States, may be imposed unexpectedly. I understand this could prevent or interfere with my ability to travel to and from the foreign location, even for exceptional circumstances like a death in the family or medical emergency, and that IU may not be able to provide any assistance if I am prevented from traveling when I want to, including if flights are cancelled or travel restrictions prevent or interfere with my return to the U.S. I further understand that Indiana University generally does not permit graduate student employees to perform work for the university remotely from overseas locations, including in capacities such as associate instructors or research assistants.
4. I have been advised that no one can guarantee my safety or health while traveling, and I have been strongly advised to obtain adequate insurance before my departure, which should include coverage for medical evacuation, repatriation of remains and life insurance. I have been advised that if I am currently included on my family's insurance policy, I should make sure that the coverage is valid overseas for the duration of my travel. I agree to assume full legal and financial responsibility for the international travel, including all costs associated with illnesses or injuries sustained or experienced while abroad, including, but not limited to, any costs arising out of, or as a result of, the COVID-19 pandemic (e.g., due to travel restrictions), that are not covered by insurance.

Assumption of Risk

I fully understand the above risks involved in the proposed travel and I agree to assume the risks of this travel, including the risk of catastrophic injury or death.

Release of Liability

I and my heirs, successors, assigns, and personal representatives agree to indemnify, hold harmless, release and forever discharge Indiana University, its trustees, employees, agents, and cooperating institutions and their offices and agents from any and all claims, liabilities, losses, and expenses, including reasonable attorney's fees, for any injury, loss, or damage to any person or personal property, including catastrophic injury or death, arising out of or related to travel or suffered by me, whether caused by IU's negligence or otherwise, to the fullest extent provided by law.

Choice of Law

The interpretation and performance of this agreement shall be construed in accordance with the laws of the State of Indiana, and any litigation arising out of this agreement shall be venued in the State of Indiana and shall be governed by the laws of the State of Indiana.

Student's signature _____

Student's name (printed) _____

Date _____ IU ID number: _____

Instructions: Please upload completed form with the traveler's Chrome River pre-approval document for the trip to be authorized. For student travel being supported through a cash award in SIS, the form may be submitted directly to OVPIA via e-mail at ovpia@iu.edu.

PART 2 (if applicable): With respect to destinations subject to a U.S. State Department Level 3 ("Reconsider Travel") advisory for reasons other than COVID:

1. Travel to _____ (country) is not required as part of any degree program in which I am enrolled or as a condition of current or future employment, and my decision to travel to _____ (country) is therefore entirely voluntary.
2. I understand that certain risks are inherent in foreign travel, and I fully accept those risks. Those risks may include, but are not limited to, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, exposure to communicable diseases, ill effects of unfamiliar food and water, incidents related to ground, air or water transportation, adverse weather conditions, accident, injuries or damage to property, and other physical, mental, and emotional injury.
3. I also understand that, at this time, travel conditions in _____ (country) are particularly dangerous. Indiana University has brought to my attention the most recent [U.S. Department of State Travel Advisory](#), which is at Level 3 "Reconsider Travel". I have read and fully understand this advisory and am proceeding with my travel plans notwithstanding. I will continue to monitor for updated safety and security information for my destination up to and during my trip (See U.S. State Department recommendations for [Staying Connected](#)).
4. I have sought and received guidance from an appropriate faculty advisor in my home department about travel safety related to the academic or other professional activities I plan to undertake overseas. The faculty member I have discussed my plans with is _____ (faculty first name) _____ (faculty last name).

Initial here, if part 2 applies.