

Travel to High Risk Destinations

Under the terms of the Boston University International Travel Risk Policy, undergraduate travelers must petition for permission to travel to a [High-Risk Destination](#), demonstrating a knowledge of the particular risks involved in travel to that destination, and providing a plan to manage those risks.

GENERAL RELEASE, ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I, _____, acknowledge that I am aware that there are risks to me of injury entailed in my participation in this Program, including the risks of travel to and from _____, as well as the risks associated with residing in a foreign country whose level of health care and social services may differ from those in the United States. These risks include, but are not limited to, crime, terrorism, war, exposure to communicable diseases, serious bodily injury or death, property damage and other risks that may not be foreseeable. I fully and completely assume any risks solely to myself, and accept full responsibility for my individual physical fitness to participate in this Program and its activities. I acknowledge that it is my responsibility to review the Program and its requirements and to request further information if needed to make a proper participation decision. I understand that Boston University does not control or run any aspect of the Program, and the University gives no assurances or warranties whatsoever as to the safety of participants in this Program.

I confirm that I have consulted the [U.S. State Department resources](#) for information regarding travel to _____ and acknowledge that I am aware that the U.S. State Department has issued a travel warning for this country.

In consideration of my participation in the Program and in acknowledging that I am aware of and willing to assume the risks associated with participating in the Program, I, on behalf of myself, my family, heirs, and personal representatives, hereby voluntarily agree to defend, release, hold harmless and indemnify Trustees of Boston University and its trustees, agents, volunteers and employees from any and all liability, claims, demands, damages and causes of action of any nature whatsoever arising, including claims arising out of negligence, which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in Program.

I agree that this instrument shall be governed by and construed in accordance with the laws of the Commonwealth of Massachusetts excluding those laws that direct the application of the laws of another jurisdiction, and shall be binding upon my legal representatives, heirs, executors, administrators, successors and assigns. I hereby consent to the exclusive jurisdiction and venue

of the state and federal courts located in Boston, Massachusetts with respect to any claim, suit or action arising in any way out of this instrument or the subject matter thereof.

I, or my parent/legal guardian if I am under age 18, have read and understand the content of this document, and execute this GENERAL RELEASE, ASSUMPTION OF RISK and WAIVER OF LIABILITY AGREEMENT freely and voluntarily.

To certify that all of the information in your application is accurate and true, please provide the date, and print and sign your name in the space provided below.

Sign Name: _____

Print Name: _____

Date: _____