

RELEASE, ASSUMPTION OF RISK AND COVENANT NOT TO SUE TRAVEL to _____ [Country or Countries]

I, _____ [print name], am a graduate student in Laney Graduate School at Emory University. I have agreed to participate in an Emory University _____ [name of Program (i.e. dissertation research, conference attendance, etc)] in _____ [country/ies] from _____ [departure date] through _____ [return date]. I acknowledge that my participation in the Program is entirely voluntary and is in no way required by Emory University to complete the credit hours required for a degree.

I acknowledge that I am physically and mentally capable of participating in the Program. I understand that there are inherent risks involved with my travels to and within the Program destination(s) and participation in the Program, and I acknowledge and accept all of these risks outlined by [International SOS](#), including death, which I confirm I have reviewed. In addition, I acknowledge Emory University has advised me to follow the applicable [CDC guidelines](#) for immunizations and medical preparation before and when traveling to and in the Program destination(s). I understand that it is my responsibility to know what personal equipment is required (such as footwear and clothing) and provide the proper personal equipment for my participation in the Program, and to ensure that it is in good and suitable condition. I agree to ask questions to make sure that I know how to safely participate in the Program.

I confirm that I have reviewed the [International SOS](#) Medical and Travel Risk ratings, and the U.S. Department of State [Travel Advisory](#) for, _____ [country/ies] as well as for the following cities in such country(ies): _____ [city/cities]. With my signature below, I also agree that I will monitor any changes to both International SOS and U.S. Department of State travel alerts and advisories on my own. If I cannot for any reason access the International SOS or U.S. Department of State information referenced above, I will request the Emory Program coordinating the trip provide me with these details.

I understand that Emory does not warrant (or guarantee) in any respect the competency or mental or physical condition of any person associated with my travels abroad or the physical condition of any facility or equipment used in connection the Program or the suitability of the Program for my participation. While Emory University provides faculty, staff, and students on Emory-sponsored international travel with emergency medical and evacuation insurance through International SOS, I understand that Emory does not provide me with travel insurance or personal liability insurance in connection with my travel to the Program location and my activities there unless otherwise specified.

In the case of independent travel, I agree that I will provide the director of the Program with my proposed itinerary and a contact phone number and that I will contact International SOS in advance to determine medical facilities that I should utilize in the case of an emergency.

In addition, I understand that, as part of the Program, I may be traveling to a location(s) with an increased risk of exposure to COVID-19 and/or other infectious diseases or outbreaks and may be subjecting myself to exposure to individuals whose health history and exposure risk for COVID-19 and/or other infectious diseases cannot be determined. I am fully aware of the risks and hazards associated with traveling to the Program location and interacting with other individuals. I understand that conditions may rapidly change for the worse.

Notwithstanding the foregoing, I am fully aware of the risk of contracting COVID-19 and/or other infectious diseases. Should I contract COVID-19 and/or another infectious disease(s) or have symptoms consistent with a COVID-19 and/or other infectious disease diagnosis, I understand and agree that I will not participate in Program activities in person unless directed by a medical provider that I may participate. I am fully aware treatment available for COVID-19 and/or other infectious diseases may be limited in the country(ies) to which I am travelling and that infection may cause serious illness or death.

I acknowledge that, during an infectious disease outbreak Emory's ability to assist me for the duration of my time outside of the United States may be limited. I further acknowledge that emergency evacuation may not be possible or may be delayed, which could lead to illness, adverse outcomes, or death.

Should I have difficulty returning from the Program location during an infectious disease outbreak, neither Emory nor the U.S. government may be able to assist in my return or provide supplies or medical treatment. I understand that my departure from the Program location could be delayed or barred, and the U.S. government may have re-entry requirements that could impact my return to the United States.

I agree to take all necessary precautions and follow prescribed protocols and guidance from relevant authorities, including adhering to travel notices and warnings and health guidance from the U.S. Department of State and the Centers for Disease Control and Prevention.

Release type: General student release – international travel

I have been briefed by, or have been provided the opportunity to have a discussion with, Emory staff, consultants and/or counselors about the risks listed above. I have considered whether these risks are beyond my acceptable level of risk, considering my personal, household, and familial health risks. My decision to travel for the Program is voluntary and informed.

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN TRAVEL TO THE PROGRAM LOCATION, I ACKNOWLEDGE AND VOLUNTARILY ASSUME ALL RISKS OF ILLNESS OR INJURY, INCLUDING DEATH, THAT I MAY SUSTAIN OR THAT MY PROPERTY MAY SUSTAIN WHILE I PARTICIPATE IN THE PROGRAM, ALONG WITH ANY TRAVEL TO OR FROM THE PROGRAM LOCATION OR THE PROVISION OF TRANSPORTATION TO OR FROM THE PROGRAM LOCATION.

In addition, I, on my own behalf and on behalf of my heirs, representatives, executors, administrators and assigns, for the sole consideration of being allowed to attend and participate in the Program, do hereby release, relieve, covenant not to sue and forever discharge, defend, indemnify and hold harmless, Emory University, and its trustees, directors, officers, agents, employees, students, members and volunteers, as applicable, (hereinafter collectively "Releasees") of any and from all claims, demands, rights, liabilities, losses, expenses, and causes of action (with the exception of gross negligence or willful misconduct) of whatever kind or nature including, but not limited to, negligence, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from any participation in or in any way connected with arising out of or connected with the Program, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that I may incur or sustain during my travel to and stay in the Program location, all activities associated with the Program and while traveling to and from the Program location whether or not I actually participate in the Program.

Media Release. For good and valuable consideration herein acknowledged as received, I hereby grant to Releasees, and those acting with Releasees' authority and permission, the irrevocable and unrestricted right and permission to create, use, re-use, publish and re-publish video recordings, audio recordings, photographs, or other media that contain or capture my likeness or voice or in which my likeness or voice may be included (the "Recordings") in connection with any publication or materials relating to or serving the mission and goals of Releasees', including advertisements, brochures, or other promotional materials. The Recordings may be used with or without my name, and in any and all media now or hereafter known. I acknowledge and agree that Releasees' own all right, title, and interest in and to the Recordings, including all copyrights therein and the full and unrestricted right to edit and modify the Recordings, and I hereby assign and agree to assign any such interest that I may own or control to Releasees. I also consent to the use of any printed matter in conjunction with the Recordings. I hereby waive any right I may have to inspect or approve the Recordings or any finished product or products incorporating the Recordings and any written or other print material that may be used in connection therewith, including print material containing my name. I acknowledge that nothing in this Agreement obligates Releasees or any third party to make any use of the Recordings.

I expressly agree that the terms of this Release, Assumption of Risk and Covenant Not to Sue ("Release") shall be binding upon me and my heirs, executors and assigns, and all members of my family. I expressly agree that this Release shall be governed and interpreted in accordance with the laws of the State of Georgia without regard to conflict of law principles. **I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT, IN THE EVENT THAT ANY CLAUSE OR PROVISION OF THIS RELEASE IS HELD TO BE INVALID BY ANY COURT OF COMPETENT JURISDICTION, THE INVALIDITY OF SUCH CLAUSE OR PROVISION SHALL NOT OTHERWISE AFFECT THE REMAINING PROVISIONS OF THE RELEASE.**

IN SIGNING THIS RELEASE, ASSUMPTION OF RISK AND COVENANT NOT TO SUE, I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS ENTIRE DOCUMENT, THAT I UNDERSTAND AND AGREE TO COMPLY WITH ITS TERMS, THAT I AM AWARE THAT THIS RELEASE OF LIABILITY RELEASES EMORY FROM LIABILITY AND CONTAINS AN ACKNOWLEDGEMENT OF MY VOLUNTARY AND KNOWING ASSUMPTION OF THE RISK OF INJURY OR ILLNESS AND THAT I HAVE SIGNED IT KNOWINGLY AND VOLUNTARILY.

Enter name

Print Name

Select signature date

Date

Release type: General student release – international travel

Signature

EMERGENCY CONTACT INFORMATION

In the event of an emergency, I hereby give Emory the permission to contact the following individual(s):

Emergency name 1	Relationship 1	Phone 1	Email 1
Name	Relationship	Phone	Email
Emergency name 2	Relationship 2	Phone 2	Email 2
Name	Relationship	Phone	Email