

UNIVERSITY OF CHICAGO GRADUATE AND PROFESSIONAL STUDENT TRAVEL  
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

I am a graduate or professional school student at the University of Chicago (the “University”) and have decided to undertake research, study, or travel in a foreign country or countries (the “Project”). I have chosen to undertake the Project voluntarily. This agreement confirms my understanding of the following:

I recognize that there are certain risks of physical injury, illness (including death) which may arise from research, study, or travel abroad. I also recognize that there are risks such as those described in the State Department Country Specific Information, Travel Alerts, or Travel Warning (see <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html>, and <https://travel.state.gov/content/passports/en/country.html>) for the countries included in my Project, and health risks as described in the Center for Disease Control Health Information for those countries (see <http://www.cdc.gov/travel>) and the [University of Chicago](#) web site. I acknowledge I have read this information as it pertains to the countries in which I will travel as part of the Project and upon execution of this waiver I acknowledge it is my responsibility to educate myself and accept these risks.

Although the University may in some instances be providing funding, academic credit or other support for the Project, any evaluation of my Project has been solely on its academic merits. Among other things, the University may not be in the position to evaluate, or has not evaluated, whether the Project will take place in a safe and secure environment. These are judgments that I have made independently.

1. My participation is entirely voluntary. I understand that the Project may be cancelled by the University) due to political, social, environmental, travel restrictions, public health , or other risks, although the University shall have no duty to do so, and that in the event of such cancellation the University shall not be responsible for any expense incurred by me including travel expenses. I understand that the program may not complete all the scheduled activities and no refund due to a shortened Project shall apply.
2. I have no condition or dietary needs which would present a risk of injury to me through my pursuit of the Project. I understand that I am responsible for obtaining any recommended immunizations before traveling to my destination(s). I hereby assume responsibility for any injuries, illness, damages or loss which I may sustain as a result of pursuing any and all activities connected with or associated with the Project, except if directly caused by the sole gross negligence of the University.
3. I hereby agree to indemnify and hold harmless the University, its trustees, employees, agents and representatives from any and all liability, claims, damages and losses, including, without

limitation, those arising from delays, delayed or changed departure or arrival, missed carrier connections, weather, strikes, acts of God, force majeure, war, terrorism, quarantine, criminal activity, accident, sickness, injury or death, or other events outside the control of the University, that may be sustained by me or to any of my property as a result of or in connection with pursuing in the Project or any travel incident thereto.

4. I hereby agree to indemnify and hold harmless the University, its trustees, employees, agents and representatives from any and all liability, loss, damage, or expense, including attorneys' fees, which arise out of, occur during, or are in any way connected with my pursuit of the Project or any travel incident thereto.
5. I also understand that the University does not provide health insurance (except student health insurance if I have elected to participate), trip cancellation or baggage insurance to me. I certify that I have health insurance that will cover medical services that might be necessary and agree that in the event my insurance does not cover medical expenses or if I become uninsured that I may be financially responsible for any resulting costs.
6. In signing this Travel Waiver, Release and Indemnification Release (Release), I acknowledge and represent that I fully understand the content of this Release. I have reviewed it and understand what it means, and that I sign this document freely. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that the University does not require me to participate in this program, but I want to do so despite this Release
7. It is my express intent that this Agreement shall bind the members of my family, my heirs and assigns. This Agreement shall be construed in accordance with the laws of the State of Illinois, without regard to choice of law principles. In the event any provision of this Agreement shall be determined to be void or enforceable, such provision shall be modified to most closely reflect the parties' intentions, and all other provisions of this Agreement shall remain valid and binding.

I am 18 years of age or older. I have read and fully understand the above and I voluntarily sign this Agreement.

---

Participant Signature

Date

---

Printed Name

---

UCID

