



Office of Global Engagement      202 Quillian      (706) 880-8429

## Travel Risk Waiver

I have voluntarily and freely elected to travel to the country of \_\_\_\_\_ during (dates) \_\_\_\_\_ in order to participate in course work or other academic pursuits (hereinafter "study away").

I am aware that a Travel Warning for the country of \_\_\_\_\_ has been issued by either the U.S. Department of State or the Center for Disease Control (CDC) and it is recommended that travel be avoided to this country. I confirm that I have read and understand this Travel Warning and despite this, I have made the decision to proceed.

I recognize that there are risks associated with all international travel. I further understand and acknowledge that travel to \_\_\_\_\_ at this time exposes me (my son/daughter) to risks of a greater likelihood and magnitude than those normally associated with international travel. These risks include those described within the State Department Travel Warning or CDC Health Travel Warning, as well as risks associated with ground, air, or water transportation, adverse weather conditions, communicable disease, medical care, substandard building construction or maintenance, civil unrest, terrorism, war, and negligent or criminal acts of third parties. I understand that should any of these adverse circumstances occur, the result could include bodily injury, death, or property damage. I recognize that LaGrange College cannot guarantee my (my son's/daughter's) safety.

I understand and acknowledge that this study away travel is wholly voluntary and that I am not required to travel to this location in order to satisfy any academic requirements of LaGrange College. I hereby voluntarily assume full responsibility for any loss, property damage or personal injury, including death that may be sustained by me (my son/daughter) as a result of this study away. I hereby agree to release, indemnify and hold harmless LaGrange College, its officers, employees, agents and representatives, from any and all claims, demands or causes of action, and all expenses incidental thereto (including attorney's fees), based upon or arising out of any loss, property damage, or personal injury, including death, caused by or resulting in any way from study away. With the intent to be legally bound, I acknowledge and represent that I have read this Travel Risk Waiver, that I understand same, and that I voluntarily sign below in order to demonstrate my agreement with the terms set forth herein, with full knowledge of the possible risks associated with study away.

\_\_\_\_\_  
Participant's Name (Please print or type)

If student participant is under the age of 18, the signature of a parent or guardian is required.

I certify that I am the Student Participant's parent or legal guardian, and that I have read this form, understand the provisions hereof, and agree to be bound by the terms set forth herein, on behalf of the student participant and on my own behalf.

\_\_\_\_\_  
Parent or Guardian's Name  
(Please print or type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian