



NORTHWESTERN  
UNIVERSITY

STUDENT TRAVEL FORM

Traveler's Name: \_\_\_\_\_

College/School: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_

Destination(s): \_\_\_\_\_

Host College/University: \_\_\_\_\_

**Attach itinerary (include modes of transportation to, within and from destination(s), hotels/housing, and schedule). In connection with my trip to the above-referenced destination(s):**

1. I have carefully identified, reviewed and considered the risks of travel to my destination(s), including by reading the most recent relevant U.S. State Department ("DoS") Travel Warning(s) available through <http://travel.state.gov/>, as well as the Northwestern University Travel Warning memorandum dated June 13, 2003, as revised in May 2004, from the University Provost attached to this form.
2. I acknowledge that I am voluntarily participating in the travel described above. I also acknowledge that my participation in this travel may expose me to significant risks, including but not limited to terrorism, war, serious bodily injury or death, property damage, and other risks that may not be foreseeable. I understand that Northwestern University is not responsible for my safety and I assume full responsibility for all risks associated with my travel.
3. I understand that Northwestern University is not providing funding or financial aid of any kind in connection with my travel. Nor will the Study Abroad Office be involved in the coordination or facilitation of my travel. Requests to receive Northwestern credit for course work or study completed during my travels will be evaluated according to Northwestern's procedures for evaluating the credits earned at other institutions by transfer candidates.
4. I know that I am not required or encouraged to travel and, in fact, Northwestern University has urged me to not travel to my destination(s).
5. I know conditions in my destination(s) may change rapidly and I will stay informed of current events on a frequent, at least daily, basis by obtaining updated security and health information from, and registering with, the nearest U.S. Embassy or Consulate General (see Travel Warning for contacts), and from the DoS website. I will also enroll in the warden system with the U.S. Consulate(s) nearest my destination(s). If I am not a U.S. citizen, I will register with my home

country's Embassy or Consulate and get updated information from the U.S. and my home country's Embassies or Consulates, and the DoS website.

6. I affirm that I have health insurance that will remain in effect and cover any injuries or other health problems sustained during my travel.
7. I hereby acknowledge that I have discussed my travel with at least one of my parents who has also read and signed this form as indicated below.
8. **WAIVER AND RELEASE OF CLAIMS.** I hereby release, waive, discharge and covenant not to sue Northwestern University, its trustees, officers, agents or employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while traveling to the destination(s) described above. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my traveling to the destination(s) described above. I further hereby agree to indemnify and save and hold harmless the releasees and each of them, from any loss, liability, damage or costs they may incur as a result of my travels. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees.

\_\_\_\_\_  
TRAVELER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

PARENT'S NAME/ADDRESS/PHONE/E-MAIL:

\_\_\_\_\_  
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**COMPLETED FORMS SHOULD BE RETURNED TO THE OFFICE OF RISK MANAGEMENT**