



NORTHWESTERN UNIVERSITY

FACULTY AND STAFF TRAVEL FORM

Traveler's Name: _____

Department: _____

Dates of Trip/Destination(s): _____

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"), Centers for Disease Control ("CDC"), and World Health Organization ("WHO") Travel Warning(s) available through http://travel.state.gov/, http://www.cdc.gov,http://www.who.int.html (Travel Warning), as well as the Northwestern University Travel memorandum dated May 17, 2003 from the University Provost attached to this form, the State Department's updated worldwide caution at http://travel.state.gov/wvc1.html and Public Announcement on Severe Acute Respiratory Syndrome (SARS) at http://travel.state.gov/sars_announce.html , and the CDC and WHO travel advisories on SARS on their websites.
2. I have provided a description of the proposed project to the program, department, or school that is funding the trip and have received approval from the funding authority. I have also received approval from my department chair and dean.
3. I have verified with Northwestern University's Office of Risk Management that my health insurance is appropriate for my travels.
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 hereby release, waive, discharge and covenant not to sue Northwestern University, its trustees, officers, servants, agents and 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 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 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 during 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.
6. I know conditions in my destination(s) may change rapidly and 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, CDC and WHO websites. 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, CDC and WHO websites.

TRAVELER'S SIGNATURE

DATE