FACULTY AND STAFF TRAVEL RELEASE: TRAVEL TO COUNTRIES WITH U.S. DEPARTMENT OF STATE TRAVEL WARNINGS AND/OR A CENTERS FOR DISEASE CONTROL AND PREVENTION TRAVEL NOTICE LEVEL THREE: AVOID NONESSENTIAL TRAVEL

Traveler’s Name: _____________________________________________
Department and/or School: ______________________________________
Travel Dates: _________________________________________________
Destination(s): ________________________________________________

Provide 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. Department of State (“DoS”) Travel Warning, available through http://travel.state.gov/, any applicable U.S. Centers for Disease Control and Prevention Travel Notice Level Three: Avoid Nonessential Travel, available through http://wwwnc.cdc.gov/travel/notices, the most recent relevant International SOS Security Alerts and Reports, available through http://www.internalsos.com/members_home/login/clientAccess.cfm?CustNo=11BCAS00003/ (membership ID# 11BCAS00003), and Northwestern University’s Travel Warning Policies, available at http://www.northwestern.edu/risk/policies/travel-warning.html.

2. I have provided a description of the proposed travel to the program, department, or school that is sponsoring or funding the trip and have received written approval from that authority. I have also received written approval from my department chair and dean and/or supervisor. I acknowledge that the University retains the right to withdraw permission for any approved travel at any time.

3. I understand it is my responsibility to review the health risks associated with my travel destination through the Centers for Disease Control and Prevention Travelers Health resource, available at http://wwwnc.cdc.gov/travel/destinations/list.htm, and to discuss required or recommended vaccinations with a travel health professional, if applicable. Furthermore, I am aware that my Northwestern health insurance plan has limited applicability abroad, but that I am encouraged to purchase a specialized international medical insurance plan specific to my dates of travel through HTH Worldwide, http://www.northwestern.edu/risk/insurance/study-travel-abroad-health/index.html. I also understand that this is a reimbursable university expense. In accordance with
Northwestern’s Travel Warning Policy, I will provide evidence of appropriate health insurance to be approved by the Office of Risk Management in advance of my travel.

4. 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, disease, serious bodily injury or death, property damage, and other risks that may not be foreseeable. I acknowledge that the U.S. State Department has issued a Travel Warning and/or the U.S. Centers for Disease Control and Prevention has issued a Travel Notice Level Three: Avoid Nonessential Travel for the above destination(s). I understand that Northwestern University is not responsible for my safety and I assume full responsibility for all risks associated with my travel.

5. I know that I am not required to travel to my destination(s).

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 enrolling in the U.S. State Department’s Smart Traveler Enrollment Program (STEP) at https://step.state.gov/step/, which also accepts enrollment for non-U.S. citizens. I understand that non-U.S. citizens are also strongly encouraged, if possible, to register with one’s home country Embassy or Consulate and get updated information from the U.S. and home country Embassies or Consulates, as well as the DoS, CDC, and ISOS websites.

7. I know that because conditions in my destination(s) may change rapidly, I may be required to return to the United States before completing my professional goals.

8. **WAIVER AND RELEASE OF CLAIMS.** 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, in connection with travel 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 defend, 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 representatives, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees.

Please return this form (a scanned copy is permissible) to the Office of Global Safety and Security atglobalsafety@northwestern.edu.

TRAVELER’S SIGNATURE ___________________________ DATE ____________

Last revised by BB/JAF 10-24-2013

Updated by JAF 4-28-2015/Approved by BB 4-29-2015