



**INTERNATIONAL TRAVEL  
ASSUMPTION OF RISK AND RELEASE OF LIABILITY FORM**

**By my signature below, I hereby acknowledge and agree that:**

1. KUMC does not require international travel for employment or as part of any educational program. I am traveling internationally by my own free will act and deed.
2. There are inherent risks to international travel. Further, I have read the US Centers for Disease Control (CDC) website <http://wwwnc.cdc.gov/travel> and the US Department of State (DOS) website <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html> relative to my travel destination and have thoroughly evaluated any health and safety risks and dangers for the country or countries to which I anticipate traveling.
3. If I am a US citizen, KUMC will register my travel with STEP so that the nearest US Embassy is aware of my presence in the country.
4. I hereby assume all risk and responsibility associated with my international travel and, on behalf of myself, my family, heirs and personal representatives, I release and discharge the University of Kansas and its officials, officers, employees, agents and representatives from each and every claim that I may hereafter have on account of damages or personal injury resulting from any incident, occurrence or activity arising from my participation in this travel.
5. This International travel Assumption of Risk and Release of Liability Form shall be governed by the laws of the state of Kansas.
6. I have read and understand this Assumption of Risk and Release of Liability Form, and my agreement to its provisions is wholly voluntary.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Department or Program \_\_\_\_\_

Dates of International Educational or Professional Experience \_\_\_\_\_

International Location \_\_\_\_\_