

**RELEASE, ASSUMPTION OF RISK AND COVENANT NOT TO SUE
TRAVEL TO _____**

I, _____, am a graduate student at Emory University's Laney Graduate School ("Emory"). Emory has approved my request for funding of international research taking place from _____, 201_ through _____, 201_ (the "Program"). I acknowledge that my participation in this Program is entirely voluntary.

Commented [MES1]: Insert name of graduate student.

I understand that there are inherent risks involved with my travels to the location(s) in which I am conducting research, and I acknowledge and accept all of these risks, including death. These risks include travel to, within and returning from the international location(s), inadequate infrastructure and public sanitation, weather conditions, local medical conditions, and poor living conditions. I specifically acknowledge that I have reviewed the relevant travel risk ratings, as well as the travel and security advice, published by International SOS. With my signature below, I also agree that I will monitor any changes to this travel advice on my own.

I also acknowledge that Emory has advised me to follow the applicable CDC guidelines for immunizations before and when traveling to the location(s) in which I am conducting research.

I agree that I will provide the director of the Program with my proposed itinerary and a contact phone number. I also acknowledge that I have been asked to contact International SOS in advance to determine medical facilities that I should utilize in the case of an emergency. I also acknowledge that it has been recommended that I enroll in the U.S. Department of State's Smart Traveler Enrollment Program (STEP) and register my itinerary information with STEP.

I understand that Emory University does not warrant (or guarantee) in any respect the competency or mental or physical condition of any person associated with my travels abroad or the physical condition of any facility or equipment used in connection with my travel abroad. I understand that Emory University does not provide me with medical insurance. Liability insurance, in connection with my international travel, is provided only when I am in the course and scope of my Emory sponsored activities.

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE PROGRAM, I ACKNOWLEDGE AND VOLUNTARILY ASSUME ALL RISKS OF DAMAGES OR INJURY, INCLUDING DEATH, THAT I MAY SUSTAIN OR THAT MY PROPERTY MAY SUSTAIN WHILE I PARTICIPATE IN THE PROGRAM, ALONG WITH ANY TRAVEL TO OR FROM THE PROGRAM OR THE PROVISION OF TRANSPORTATION TO OR FROM THE PROGRAM.

Further, I hereby release, relieve, covenant not to sue and forever discharge, defend, indemnify and hold harmless Emory University and its trustees, officers, agents, employees, students and volunteers of any and for all claims, demands, rights, liabilities, losses, expenses and causes of action of whatever kind or nature, including but not limited to negligence, unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from the Program or any travel incident thereto.

I expressly agree that the terms of this Release, Assumption of Risk and Covenant Not to Sue ("Release") shall be binding upon me and my heirs, executors and assigns, and all members of my family. I expressly agree that this Release shall be governed and interpreted in accordance with the laws of the State of Georgia without regard to conflict of law principles. I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT, IN THE EVENT THAT ANY CLAUSE OR PROVISION OF THIS RELEASE IS HELD TO BE INVALID BY ANY COURT OF COMPETENT JURISDICTION, THE INVALIDITY OF SUCH CLAUSE OR PROVISION SHALL NOT OTHERWISE AFFECT THE REMAINING PROVISIONS OF THE RELEASE.

IN SIGNING THIS RELEASE, ASSUMPTION OF RISK AND COVENANT NOT TO SUE, I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS ENTIRE DOCUMENT AND ITS ATTACHMENT, THAT I UNDERSTAND AND AGREE TO COMPLY WITH ITS TERMS, AND THAT I HAVE SIGNED IT KNOWINGLY AND VOLUNTARILY.

Signature

Date

Print Name

EMERGENCY CONTACT INFORMATION

In the event of an emergency, I hereby give Emory the permission to contact the following individual(s):

[Name] _____
[Relationship] _____
[Email Address] _____
[Phone Number]

[Name] _____
[Relationship] _____
[Email Address] _____
[Phone Number]