

**PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. YOU HAVE BEEN ASKED TO SIGN THIS AGREEMENT BECAUSE YOUR RAT50 DESIGNATION IS A U.S. DEPARTMENT OF STATE TRAVEL ADVISORY LEVEL 3 OR 4. THIS IS A LEGALLY BINDING DOCUMENT. BY SIGNING THIS DOCUMENT YOU AGREE TO WAIVE CERTAIN LEGAL RIGHTS AND ACCEPT ALL OF THE TERMS STATED BELOW:**

**I, the undersigned, wish to participate on the above referenced travel on the date(s) and to the location(s) indicated above. In consideration for my participation, I hereby **acknowledge** and agree to the following conditions and stipulations:**

1. I am familiar with Auburn University's "[International Travel Warning Policy](#)" limiting travel for students to countries listed on the "[US Department of State \("DoS"\) Travel Warning](#)" list or to areas of the world deemed unsafe as a result of health concerns, political unrest or other major events that project a significant risk. I understand the Auburn policy also addresses faculty travel and forms in relation to US Dos Travel Warning countries. I understand that Auburn University does not require or encourage me to travel to destination(s) listed on any US DoS Travel Warning List.
2. I understand it is my responsibility to review and familiarize myself with the health risks associated with travel to the destination(s) I have identified above, through the "[Centers for Disease Control and Prevention Travelers Health Resource](#)" and to discuss required or recommended vaccinations with my physician, if applicable. Furthermore, I am aware that my Auburn University BCBS or other domestic health insurance plan has limited applicability abroad, and that I am required to purchase the Auburn University International Travel Emergency Insurance Plan through FrontierMEDEX, as indicated by the Request for International Travel, "RAT50" process. The expense for the FrontierMEDEX coverage will be charged to the FOAP supplied on the RAT50.
3. In the event of a natural or man-made disaster or conflict where evacuation becomes necessary, I acknowledge that I will need to evacuate with the contracted service for emergency evacuation, currently FrontierMEDEX, without the ability to re-enter the country until such time as the insurer's services are reinstated.
4. I have provided a description of the proposed travel to the program, department, or college that is funding the travel, and have received any needed approvals from the funding sponsor. I have also received approval from my department chair and dean and/or supervisor. A copy of my itinerary is on file in my departmental office.
5. I acknowledge that I am aware the U.S. DoS has issued a Travel Warning for the above destination(s) which I plan to travel to. I further acknowledge my understanding of the inherent hazardous and dangerous nature of traveling to these destination(s). I am fully aware that traveling to these destination(s) may involve risks, including but not limited to terrorism, war, crime and civil unrest as well as the specific health, safety and security risks found listed in the US DoS Travel Warning for the destination(s) listed above, plus any other risks which may not be presently foreseeable. I acknowledge that travel to these destination(s) may put my safety, health and security at risk while at these destination(s) and may expose me to the risk of bodily injury, death or property loss. I have fully and carefully identified, reviewed and considered all risks associated with travel to the destination(s) listed above, including those risks identified by the most recent, relevant U.S. DoS Travel warning, plus any other international informational resource, news and media coverage. I affirm that I am participating in travel to these destination(s) freely and voluntarily. I further acknowledge and understand that Auburn University is not responsible for my safety and I assume full responsibility for all risks associated with my travel.
6. I hereby release, waive, discharge and covenant not to sue Auburn University, its Board of Trustees, Faculty, Staff and all other officers, directors, employees and agents (hereafter "Auburn") 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 training, preparing, participating and/or traveling to or from the destination(s) listed above. This agreement is binding on my heirs and assigns.

I further agree to release, indemnify and hold harmless Auburn from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that I may suffer, for which I may be liable to any other person, that may or does arise out my participation in my travels to the above destination(s).

7. 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 Auburn.
8. I know that conditions at 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 enrolling in, the [U.S. State Department's Smart Traveler Enrollment Program \(STEP\)](#). 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. DoS websites and my home country's Embassies or Consulates.

This RELEASE contains the entire agreement between the parties and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample time to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue Auburn.

Signature is required:

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TRAVELER'S PRINTED NAME

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TRAVELER's SIGNATURE

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DATE