

**Acknowledgement of Risk, Waiver of Liability and Conditions of  
Study Abroad and/or Travel Abroad  
Countries with no U.S. State Department Travel Warning**

**Read this document carefully and in its entirety. It is a binding legal document. Initial each paragraph and complete the bottom section before submitting to a UI Study Abroad staff member.**

\_\_\_\_\_ I, the undersigned participant or parent/guardian, am aware that participation in international education and or travel (“Activity”) involves significant inherent hazards and risks, both foreseeable and unforeseeable. I acknowledge and accept all risks, which I understand include **property loss or damage, bodily injury and/or illness and death**. I understand that activities and their associated risks include but are not limited to the following: risks related to transit to and from the Activity locations including but not limited to travel by commercial, rented or private aircraft, bus, train, van, auto and watercraft; acts of terrorism, vandalism, civil unrest, or war; natural disasters; governmental restriction or regulation; adverse social and economic conditions; theft, kidnapping, or other criminal acts; loss of baggage or personal items, including but not limited to identification documents; inadequate food and water supplies; exposure to contaminated food, untreated water and disease; different standards of design, safety and maintenance of utilities, housing, facilities, roads, sidewalks, parking lots, trails, and terrain that may or may not be properly maintained; exposure to inclement weather including, but not limited to rain, sun, wind, snow, ice, and extremes of heat or cold; contact with dangerous animals, poisonous plants, insects and environmental or biological hazards; physical activities, while on campus or off, that may involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems including but not limited to baggage handling; risk related to the rendering or receipt of emergency first aid, or other emergency treatment, and transport in medical emergencies; accident or illness in locations without access to appropriate medical facilities or supplies; and other unknown and unanticipated activities and risks.

\_\_\_\_\_ In consideration of my participation in the Activity, I hereby voluntarily consent to and accept all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their employees, agents, officers, trustees, contractors, volunteers, and or representatives (“Releasees”) from any and all liability, claims, causes of action or demands of any kind and nature whatsoever, including attorneys fees incurred by Releasees, that may arise from Releasees’ negligent conduct in connection with my participation in activities related to the Activity. It is my express intent that this Acknowledgement of Risk, Waiver of Liability, and Conditions of Study and Travel Abroad shall serve as a release, discharge and assumption of risk for my heirs, estate, executors, administrators, assigns and all members of my family. I agree that this Acknowledgement of Risk, Waiver of Liability, and Condition of Study and Travel Abroad is to be construed and governed under the laws of the State of Idaho, and that if any portion hereof is held invalid, that the balance hereof shall, notwithstanding, continue in full legal force and effect. I understand that even though the University may grant credit for this experience, it in no way assures my safety.

\_\_\_\_\_ In further consideration of my participation in the Activity, I agree that any legal proceeding brought by me or on my behalf against the Releasees arising in any way out of my participation in the Activity or the application and interpretation of this Acknowledgment of Risk and Waiver of Liability, shall be in the courts of Latah County, Idaho, and I agree to submit to the jurisdiction of such courts. I further agree that any such legal proceeding shall be governed by the laws of the State of Idaho.

\_\_\_\_\_ I have been advised to carefully read the U.S. State Department Consular Information Sheet for all countries in which I will travel.

\_\_\_\_\_ I understand that I am required by the University of Idaho to register my travel plans with the U.S. Department of State’s “Safe Traveler Enrollment Program” (STEP) at: <https://travelregistration.state.gov/ibrs/ui/>, and I have done so. I further understand that registration is the only way that the U.S. embassies in the countries where I will travel can know that I am present in those countries in the case of an emergency, and that the failure to register my travel plans may severely hinder the ability of the embassy or other authority to assist me in an emergency.

\_\_\_\_\_ I understand that as an American citizen (or foreign citizen) in another country, I will be subject to the laws of that country. I agree to conduct myself in a manner that will comply with host country laws, regulations of my host university and/or sponsor, and standards of acceptable conduct, including but not limited to dress, manners, morals, politics, drug use, and behavior. I understand and acknowledge that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, hotel, tour organizer or other provider of goods or services related to the Activity. I understand that all students traveling abroad in association with the Activity must at all times comply with University’s rules, standards, and instructions for student conduct and behavior, located in the Policies and Information of Interest to Students Brochure, available on-line at [www.webs.uidaho.edu/riskmanagement](http://www.webs.uidaho.edu/riskmanagement). The University will be the sole judge of appropriate conduct and may terminate my participation in the Activity at any time. I will receive no refund of any fees and I will be responsible for arranging and paying for my own expenses of travel back to the United States.

\_\_\_\_\_ I understand that I am required to have, at my own expense, adequate health, accident, evacuation, and repatriation of remains insurance to cover myself while outside of the United States, including travel prior to and after the Activity, and that I am responsible for and agree to pay all medical expenses I incur or that may be incurred on my behalf.

\_\_\_\_\_ I hereby consent to first aid, emergency medical care, and admission to a hospital when necessary for administering such care, for injuries that I may sustain while participating in the Activity. The University may, but is not obligated to, take any actions it considers reasonable and warranted under the circumstances then-existing to protect my health and safety, and to incur such expenses on my behalf that it, in its discretion, deems reasonable and necessary. I agree to pay all expenses related thereto and hereby release the University from all liability for any such actions and expenses.

\_\_\_\_\_ I understand I am responsible for determining my immunization status and researching and informing myself of the health warnings and diseases present at the Activity location and while traveling. It is important to follow the advice of your doctor and other health-care professionals regarding your individual medical and health-care needs. The Centers for Disease Control <http://wwwn.cdc.gov/travel/default.aspx> publishes travel warnings related to health risks, as well as information about immunization requirements and other health considerations and advice for travelers.

\_\_\_\_\_ I hereby certify that I am in good health and I know of no medical reason why I am not able to participate in the Activity.

\_\_\_\_\_ I understand that the University retains the right, in its sole discretion, to make changes to or cancel the Activity prior to or after departure, and that it may require all participants to return to the United States. In the event of such changes or cancellation, the University will not be responsible for any resulting penalties or charges assessed by air, land, or water carriers, meal costs, hotel costs, or any other expenses related directly or indirectly to the change or cancellation.

In initialing each line and signing this document, I acknowledge that I have read the entire document, that I understand its terms, conditions, and the special risks, dangers, and hazards involved and that I have signed it knowingly and voluntarily. I further acknowledge that I am not relying on any representations, statements, or inducements, oral or written, apart from the foregoing written statement, made by the University or any of its representatives, agents, or employees.

**Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant’s actions and terms of the above agreement.**

\_\_\_\_\_  
Participant’s Name (Please Print)

\_\_\_\_\_  
Study Abroad Term(s)

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent’s Name (Please Print)

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date