



## HIGH RISK TRAVEL WAIVER/RELEASE FOR STUDENTS

I, \_\_\_\_\_, am a graduate or professional school student at the Medical University of South Carolina ("MUSC") and have decided to undertake research, study, work or travel in a foreign country or countries [insert city/country] \_\_\_\_\_ from the dates of [insert departure/return dates] \_\_\_\_\_.

I understand that MUSC has an International Travel Policy that restricts travel to [insert city/region/country] \_\_\_\_\_, which is included on either the U.S. Department of State Travel Warnings or the University's commercial insurance carrier International SOS (ISOS). Travel to and in this region/city/country is considered as **high risk travel** and is restricted to students who have not received written approval through the MUSC Travel Oversight Committee.

**In connection with my trip to the above-referenced destination(s), I acknowledge and/or understand the following:**

- I have carefully identified, reviewed and considered the risks of travel to my destination(s);
- The US Embassy may temporarily close or suspend public services for security reasons;
- The US Embassy may not be able to provide emergency assistance to me should I require it;
- If there is a need to evacuate, in certain emergencies, flights may be suspended, and other departure options may be limited or non-existent;
- Should I experience difficulties, the U.S. State Department, MUSC, its faculty/staff and the International SOS travel assistance providers may not be in a position to provide emergency assistance to me;
- Participation in this **High Risk Travel** has inherent risks that cannot be eliminated regardless of the care taken to avoid injuries; I understand that MUSC is not responsible for my safety and I knowingly and voluntarily assume full responsibility for all risks associated with my travel.
- The risks and dangers of travel to, in and around this area, include but are not limited to the dangers to my own health and personal safety posed by terrorism, crime, civil unrest and violence.
- The specific risks include, but are not limited to minor and major physical injuries and or emotional and psychological injuries inflicted accidentally or intentionally by others, or catastrophic injuries, including paralysis and death; and
- There may be additional factors of which I am unaware or which have not been brought to my attention.
- I know that I am not required or encouraged to travel and, in fact, MUSC has urged me not to travel to my destination(s).
- I affirm that I have health insurance that will remain in effect and cover any injuries or other problems sustained during my travel. I understand that I am responsible for obtaining any recommended immunizations before traveling to my destination.
- I have registered with International SOS (ISOS) Travel Assistance Program, which offers medical and security evacuation and emergency assistance *and is a supplement to, not a substitute for, health insurance*. I release MUSC from any responsibility and liability for my injuries, illness, medical bills, charges or other expenses related to medical care I may receive overseas.
- I will register with the nearest U.S. Embassy or Consulate General and enroll in the U.S. Department of State Smart Traveler Enrollment Program. If I am not a U.S. citizen, I will register with my home country's Embassy or Consulate.
- I acknowledge that I have read this document and have had the opportunity to ask questions concerning this document before signing and I agree to be bound by all of the above terms.

**WAIVER AND RELEASE OF CLAIMS.** I hereby release, waive, discharge and agree not to sue MUSC and its affiliates, its trustees, officers, agents or 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, while traveling 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 indemnify and save and hold harmless the Releasees and each of them, from any loss, liability, damage or costs that 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 representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named Releasees.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Faculty Advisor's Name \_\_\_\_\_

College \_\_\_\_\_

Signature \_\_\_\_\_

MUSC ID \_\_\_\_\_

Host Organization  
/Program (if applicable) \_\_\_\_\_

Please remit a copy of this signed waiver along with a copy of your passport photo page to Rebeca Mueller, Center for Global Health, MSC 203, Charleston, SC 29425 or a scanned copy via email to completed form should be signed, scanned and returned via email to [muellemr@musc.edu](mailto:muellemr@musc.edu)