Carefully review and complete the liability form below. Scan the completed form (with original signature) to molyneux@upenn.edu. Group Trip Leaders Only: please submit a signed liability form for each traveler in your group.

Acknowledgement of Risks & Hold Harmless Agreement

Heightened Risk Region / Travel Warning Country

I am a University of Pennsylvania undergraduate student in ____________________ (school/college). I acknowledge that I have voluntarily and freely elected to participate in ____________________ (international program/trip name) program which includes an international travel to ____________________ (cities/countries) from__________________ (dates). In consideration for being allowed to participate in this program and for the sponsorship of my participation, I affirm and agree as follows:

1. I acknowledge that I have been made aware I am traveling to a location of heightened risk according to International SOS and the U.S. Department of State. I have read the U.S. Department of State Travel Warning regarding travel to and in ____________________ (country) dated ____________________ (month/day/year). I have also read the current International SOS Standing Travel Advice for this country. Despite the heightened risk, I have made the decision to travel to ____________________ (country) for academic purposes during the ____________________ (semester/year) semester as a registered University of Pennsylvania student.

2. I acknowledge that my participation in the program may expose me to significant risks, including, but not limited to, crime, terrorism, war, exposure to communicable diseases, the hazards of travel by airplane, vehicle and foot, serious bodily injury or death, property damage and other risks that may not be foreseeable. I understand that the University of Pennsylvania assumes no responsibility for my safety.

3. I assume full responsibility for all risks associated with my participation in this program and, for myself and my heirs and assigns, I agree to hold harmless, release and forever discharge The Trustees of the University of Pennsylvania and its trustees, officers, directors, employees, and agents from any and all claims, demands and causes of action of whatever kind that I may have including, but not limited to, illness, bodily injury, death, and loss of personal property, or the consequences thereof, resulting from or in any way connected with my participation in this program and associated activities or my travel to and from ____________________ (country) unless such loss or damage is caused by the sole negligence or misconduct of the University. I also agree that the University shall not be responsible for my negligence or misconduct.

4. I understand that the University organizer reserves the right to change and/or cancel the program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and the University shall not be responsible or liable for any expenses or losses that I may sustain because of any such change or cancellation. I also understand that the program organizers reserve the right to discontinue my participation in the program if my behavior, in the sole discretion of the organizer, is determined to impede or obstruct the progress of the program in any way.
5. I certify that I have consulted with a travel medicine professional and have received information about the specific health risks associated with my trip to ___________________ (country). I agree to take full responsibility for procuring appropriate health insurance with international coverage prior to my travel.

6. I have read and understand the terms of this Acknowledgement of Risks and Hold Harmless Agreement and, by my signature below, affirm that I am at least 18 years of age and am signing it voluntarily and with the intent to be legally bound.

Student Responsibility and Personal Conduct

I understand and accept that, as a participant in the experience, I am required to observe the laws of the country in which I will be residing, and all academic and disciplinary regulations in effect at the host institution. I further understand and accept that as a degree candidate at the University of Pennsylvania, I agree to adhere to the University’s Code of Academic Integrity and the Code of Student Conduct. I may be asked to withdraw from my study abroad program for violation of these codes and/or for academic failure or disciplinary matters. I may also be asked to leave the program for violations of my host institution’s academic and disciplinary regulations. Furthermore, I understand that if my conduct is determined to be detrimental to the safety and wellbeing of me or other students participating in the program, or to the running of the program, I may be asked to withdraw from the program. If I am asked to withdraw from a study abroad program, I am not entitled to any refund of tuition or fees. I recognize that I am responsible for any costs associated with required withdrawal from the program and return to the US.

Misconduct of any kind may be referred to the University's Office of Student Conduct; students may be subject to discipline at Penn and at the host institution.

Signature: __________________________________________ Date: ____________

Print name: ____________________________________________________________