Shepherd University Study Abroad Office

AUTHORIZED STUDENT TRAVEL FORM

Traveler's Name:	 	
Dates of Travel:	 	
Destination(s):	 	
Host College/University:		

Attach itinerary (include modes of transportation to, within and from destination(s), hotels/housing, and schedule). In connection with my trip to the above-referenced destination(s):

- I have carefully identified, reviewed and considered the risks of travel to my destination(s), including by reading the most recent relevant U.S. State Department ("DOS") Travel Warning(s), Consular Information Sheet(s) and public announcements available through http://travel.state.gov/.
- 2. I acknowledge that I am voluntarily participating in the travel described above. I also acknowledge that my participation in this travel may expose me to significant risks, including but not limited to terrorism, crime, war, serious bodily injury or death, property damage, and other risks that may not be foreseeable. I understand that Shepherd University is not responsible for my safety and I assume full responsibility for all risks associated with my travel.
- 3. I understand that the success of my petition to study abroad by the Study Abroad Board Sub-Committee does not in any way guarantee my health or safety while participating in this study abroad program nor decrease the risk of travel to the destination(s) described above.
- 4. I know that I am not required or encouraged to travel to this destination(s) and, in fact, Shepherd University has urged me to consider other destination(s).
- 5. I understand that Shepherd University will certify this program for funding and/or financial aid in connection with my travel and that I will be eligible to receive academic credit at Shepherd for any coursework taken while on this program if I comply with the policies and procedures outlined by the Study Abroad Board Sub-Committee in granting my petition. I understand that failure to comply with the policies and procedures outlined by the Study Abroad Board Sub-Committee in granting my petition will result in the revocation of my financial aid and credit approval.
- 6. I know conditions in my destination(s) may change rapidly and I hereby pledge to stay informed of current events on a frequent, at least daily, basis by obtaining updated security and health information from, and registering with, the nearest U.S. Embassy or Consulate General (see Travel Warning for contacts), and from the DOS website. I also pledge to enroll in the warden system with the U.S. Consulate(s) nearest my destination(s). 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. and my home country's Embassies or Consulates, and the DOS website.

- 7. I affirm that I have health insurance that will remain in effect and cover any injuries or other health problems sustained during my travel.
- 8. I hereby acknowledge that I have discussed my travel with at least one of my parents, if I am under the age of 18, who has also read and signed this form as indicated below.
- 9. WAIVER AND RELEASE OF CLAIMS. I hereby release, waive, discharge and covenant not to sue Shepherd University, 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, during, and from 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 they 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.

TRAVELER'S SIGNATURE	DATE
PARENT'S SIGNATURE	DATE
EMERGENCY CONTACT NAME/A	ADDRESS/PHONE/E-MAIL:

RETURN COMPLETED FORM TO THE STUDY ABROAD OFFICE SCARBOROUGH LIBRARY ROOM 211