## GRADUATE STUDENT ASSUMPTION OF RISK AND RELEASE OF LIABILITY FORM The University of Kansas

I,		of		,
	(FULL NAME)	(SCHOOL/C	OLLEGE/DEPARTMENT/RESEARC	H UNIT)
at my reques	t, have chosen to particip	oate in research that is (c	heck one):	
fun	ded by the			·
unf	unded.	(SCHOOL OR AGENCY	NAME)	
During the co	urse of this research, I pl	an travel to the country(	ies) of:	
1)	2)	3)	4)	
Advisories re of which is/a	equire pre-approval by the attached) for:	ne International Travel F	nt of State has issued a Lev Review Committee) travel a	
1)	2)	3)	4)	
I further unde	rstand:			
			this travel and that the United the United that the United that the Country and the Country are the Country and the Country are the Country and the Country are the Country are the Country and the Country are the Country ar	-
• 1	ogress, performance, gra affected by my decision.	de and/or evaluation as	a graduate student are in n	no way contingent
	nowledge and agree that late studies.	am not expected or requ	uired to undertake this trav	vel as part of my
• My de	ecision to travel to	luntami dasisian talian i	without coercion or undue	to
condu	ict research is my own vo	numary decision, taken v	without coercion or undue	milituence.

I hereby assume all risk of injury or death resulting from my participation in this research-related travel, and I fully understand the dangers and hazards of such activity, and agree that:

request.

I am traveling there only as an exception to University policy, granted by the University upon my

- I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I
  may sustain or experience while participating in this travel, including but not limited to medical
  evacuation and repatriation coverage.
- By my signature below, I certify that I have confirmed that my health care coverage will adequately
  cover me while outside of the United States, and hereby release the University and the University of
  Kansas Center for Research, Inc. ("KUCR") and their officers, employees, representatives and agents
  from any responsibility or liability for expenses incurred by me for injuries or illnesses
  (including death) that I may incur because of those injuries or illnesses.
- I also acknowledge that in some instances the medical emergency evacuation and repatriation insurance I have purchased may not be sufficient to provide the protection and coverage it might otherwise provide were the country(ies) indicated not under a Level 3 or Level 4 travel advisory.
- I agree to register my travel through the KU Study Abroad & Global Engagement Student International Travel Registry.

•	I agree to register with the appropriate Consular Se	ection of my country's embassy or consulate upon
	arrival in	and I will enroll in the appropriate warden
	system to obtain updated information on travel and	security in

I do hereby agree to waive any claims for personal injury or property damage against the University, KUCR, and against any and all employees of the University and KUCR and by my signature below do release and forever discharge the University and KUCR, and their officials, officers, agents, employees and representatives (including volunteers), and their heirs, executors, administrators, successors and assigns, from each and every right and claim that I may hereafter have on account of damages or personal injury resulting from any incident, occurrence or activity arising from my participation in this travel and research.

I hereby declare that the terms of this release are contractual and not a mere recital. This release shall bind me as the signor, my heirs, next of kin, executors, administrators, successors, or assigns and shall inure to the benefit of the parties released, their heirs, next of kin, executors, administrators, successors or assigns. The release granted herein shall commence and be in full force and effect after the date set forth below.

I agree that should any provision or aspect of this release be found to be unenforceable, all remaining provisions of the release will remain in full force and effect.

I represent that my agreement to the provisions herein is wholly voluntary, and further understand that prior to signing this release, I have the right to consult with the adviser, counselor, or attorney of my choice.

I agree that, should there be any dispute concerning my participation in this travel that would require the adjudication of a court of law, venue will lie only in the state and federal courts of the State of Kansas, and the cause of action will be determined by the laws of the State of Kansas.

This release represents my complete understanding regarding the release of the University and KUCR from responsibility and liability for my participation in this travel, supersedes any previous or contemporaneous understandings I may have had with the University and/or KUCR on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.

I represent that I am at least eighteen years of age.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS AND AGREES WITH ITS TERMS AND CONDITIONS.

IN WITNESS WHEREOF, the undersign, 20	ned has hereunto set his/her hand this day of
(SIGNATURE)	(FULL PRINTED NAME)
(State of Kansas)	
County of)	
Subscribed and sworn to before me, a Noday of20	otary Public within and for the County and State above set out this
Notary Public:	
My appointment expires:	
THE UNDERSIGNED HAS REVIEWE	D AND ACKNOWLEDGED THIS DOCUMENT:
Faculty, Staff, Research Scientist, Post-l	Doctoral Fellow or Other Person in Charge of Research Project
(SIGNATURE)	(FULL PRINTED NAME)
(DATE)	

Return the completed form to KU Study Abroad & Global Engagement, 108 Lippincott Hall. A copy of the completed form will be forwarded to the KU Office of Global Operations & Security.

REMEMBER: Attach all relevant U.S. Department of State Travel Advisories and register with the KU Student International Travel Registry at https://ku.studioabroad.com/?go=TravelRegistration