

Release, Indemnification, Waiver, and Hold Harmless Agreement for Independent International Academic Work/Research in Countries under a Department of State Travel Warning

In consideration for being allowed to participate in Independent International Academic Work/Research for the University of Florida, I hereby RELEASE and DISCHARGE the University of Florida, the Board of Trustees, The State of Florida, their employees, agents and assigns (RELEASEES) from any and all liability, arising out of any loss, damage, or injury, including death that may be sustained by me, or to any property belonging to me, or both including but not limited to any claims, demands, actions causes of action, judgments, damages, expenses and costs, including attorneys' fees, which arise out of, result from, occur during or are connected in any manner with my participation in said program or any related travel or activities, including such loss, damage, injury or death that may result from RELEASEES' own negligence, and I further WAIVE any right I might otherwise have and COVENANT NOT TO SUE said RELEASEES in connection with any such liability.

I am fully aware of risks and hazards connected with participation in independent international academic work/research, and related activities, including but not limited to exposure to infection and infectious diseases, rebellion, political unrest, internal turmoil, traffic accidents, and crime, which could result in serious or mortal illness, injuries and property damage, and am fully aware that there may be risks and hazards unknown to me connected with such participation, and I hereby voluntarily elect to participate in international academic work/research, and related activities, knowing that conditions may be hazardous or dangerous to me and my property. I am also aware that there are additional hazards attendant to traveling in foreign countries, including but not limited to problems that may arise because I may not be a citizen of the countries and areas being visited, because I may not be fully conversant with the language spoken in and cultural practices of those countries and areas being visited, because I will be subject to the laws or regulations of the country visited, and because of the world wide potential danger of terrorist attacks.

I am fully aware that international academic work/research can be physically and mentally rigorous, and the possibility of illness, accident or death is always a concern. Furthermore, I am aware that the University of Florida strongly recommends that I receive assurances from a physician regarding the rigors of travel as they relate to any special conditions and/or needs I may have. I understand that the program does not routinely employ health professionals, and I recognize that it is my responsibility, and not the responsibility of RELEASEES, to secure any physical or mental health support I may require while abroad.

I am fully aware that I am required to purchase the UF approved international health insurance policy, CISI, unless I am covered by GatorGradCare.

I further hereby AGREE TO INDEMNIFY, DEFEND AND SAVE AND HOLD HARMELESS the RELEASEES and each of them, from any loss liability, damage or costs including court costs and attorneys' fees they may incur as a result of any claims, demands, actions, causes of action, damages or judgments, which arise out of, occur during, or are in any way connected with my participation in the program or any related travel or activities.

In signing this release I ACKNOWLEDGE and REPRESENT that:

- I have read the foregoing release, understand it and sign it voluntarily as my own free act and deed;
- I have read the Travel Advisory Warning for the Country or Region to which I am voluntarily electing to travel;
- I understand that it is my responsibility, and not that of the RELEASEES to ensure that I comply with U.S. Department of State Travel Warning;
- I am at least eighteen (18) years of age and fully competent;
- I agree that this Release, Indemnification, Waiver and Hold Harmless Agreement is to be construed under the laws of the State of Florida, U.S.A. and that venue shall be in Alachua County, Florida. If any portion hereof is held invalid, the balance hereof shall continue in full force and effect.

**HAVE YOUR DRIVER'S LICENSE READY
AND
WAIT UNTIL YOU ARE
IN THE PRESENCE OF THE NOTARY PUBLIC
BEFORE FILLING OUT THIS PAGE**

Please Read the attached U.S. Department of State Travel Warning and Initial:

_____ I have read and fully understand the U.S. Department of State Travel Warning regarding travel to this country/region. I understand that it is my responsibility, and not that of the RELEASEES to ensure that I comply with U.S. State Department Travel Warning.

Program applied to: _____ Term and Year: _____

Signature of Applicant: _____ Date: _____

Printed Name: _____ UF ID# _____

STATE OF FLORIDA, COUNTY OF _____

THE FOREGOING INSTRUMENT was acknowledged before me this _____ day of _____, 20_____.

Such person, _____:

- is personally known to me
- produced a current Florida driver's license as identification number _____
- took an oath
- did not take an oath

(SEAL)

NOTARY PUBLIC
STATE OF FLORIDA