

International Travel
RELEASE OF LIABILITY AND WAIVER OF CLAIMS

I, _____, am [check one] _____ an employee _____ a student of The University of Texas Health Science Center at Houston ("UTHealth"). It is my intention to travel to, within and/or from _____ in connection with _____ (name the meeting, program, education etc) on the following dates: _____.

I understand and acknowledge that conditions in any foreign country are beyond the control of UTHealth. I agree at all times to obey all laws of the city, province, state, or country in which I am located while traveling to, participating in, or traveling from the activity described above. I have registered or will register with International SOS prior to commencement of my travel.

I acknowledge that, as of today's date _____, travel warnings from the U.S. Department of State advise against travel to _____, and that UTHealth recommends that U.S. Department of State advisories be followed. I further acknowledge that I have been advised by UTHealth that, as of today's date, travel to _____ may pose a potential danger to my safety and therefore is not recommended by UTHealth. I understand that I am not required to travel to _____ and that UTHealth has encouraged me not to travel to this location. Despite these recommendations, I have knowingly and voluntarily decided to travel to _____. I assume full responsibility for all risks associated with this travel. As the trip approaches, it is my responsibility to monitor the U.S. Department of State Travel Warning list http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html.

I do, voluntarily, completely and unconditionally, for myself, my heirs, and executors, hereby waive and release and hold harmless UTHealth and The University of Texas System, their Regents, officers, agents and employees of and from any and all liability, claims, causes of action, or damages of whatsoever kind and nature, whether known or unknown, foreseen or unforeseen, including bodily and personal injuries or death and damage to or loss of property that I may suffer, in any way connected to my travel to, from or within _____ during the time period specified above.

By signing below, I am not relinquishing any health insurance or other benefits that I may have through my employment with UTHealth.

EXECUTED this _____ day of _____, 20_____

Print Name: _____

Signature: _____