

FACULTY & STAFF TRAVEL LIABILITY WAIVER

- Faculty/Staff Member Name (the “Employee”): _____
- Name(s) of any of Employee’s minor children/dependent(s) that are accompanying Employee (the “Dependent(s)”): _____
- Reason for Travel/Description of Program: _____

- Travel Dates: _____
- Destination(s): _____
- Department Sponsoring Travel: _____
- Please attach a travel itinerary identifying modes of transportation to, within, and from the Destination(s), hotels/housing, and schedule.

In consideration for receiving permission to participate in the travel/program described above (the “Activity”), which is sponsored or approved by the Department identified above, Employee, on behalf of him/herself and Dependent(s), hereby agrees to and acknowledges the following:

1. **Travel Risks:** Employee understands that travel, both international and domestic, involves risks that could lead to serious personal injury, illness, property damage, or even death. These risks include, but are not limited to: political turmoil; laws and regulations that differ from those of the United States or the State of Georgia; government corruption; disease; inadequate or unenforced standards of design, safety, and maintenance of buildings, structures, vehicles, aircraft, and boats; dangerous weather conditions; terrorism; civil unrest; war; crime; kidnapping; natural disasters; and other risks that are unknown at this time. Employee further understands that the government of the Destination(s) may not be able to provide Employee or Dependent(s) with adequate protection or evacuate Employee and Dependent(s) in the event of an emergency. To the extent the Activity involves international travel, Employee has carefully reviewed the most recent, relevant travel advisories and warnings issued for the Destination(s) by the U.S. Department of State (<https://travel.state.gov/content/passports/en/alertswarnings.html>), registered his/her travel with the U.S. Department of State via the Smart Traveler Enrollment Program (<https://step.state.gov/step>), and familiarized him/herself with the location and contact information for the U.S. embassy or consulate closest to the Destination(s) (<https://travel.state.gov/content/passports/en/country.html>). If Employee or Dependent(s) are not citizens of the United States, Employee, regardless of whether the Destination(s) are international or domestic, will register the above described travel with the Employee’s and Dependent(s)’ home country’s embassy or consulate and will consult the appropriate department or agency of the Employee’s and Dependent(s)’ home country’s government to obtain additional warnings and advisories regarding the Destination(s).

2. **Health Risks:** Employee further understands that the Destination(s), regardless of whether the Destination(s) are domestic or international, may have health and safety standards substantially below those to which Employee is accustomed, and Employee recognizes that he/she and Dependent(s) may be subject to potential health risks, illnesses, injuries, and even death. Employee further acknowledges that the Destination(s), even if the Destination(s) is located within the United

States, may not have adequate or necessary medical services/facilities, which may increase Employee's and Dependent(s)' risk of illness, injury, and death. Employee affirms that he/she has made his/her own investigation into these health and medical risks, understands these risks, and assumes them knowingly and willingly. Employee has carefully reviewed the most recent relevant travel advisories and warnings issued for the Destination(s) by the U.S. Centers for Disease Control (<http://www.cdc.gov/travel>) and the World Health Organization (www.who.int/ith/en). If applicable, Employee has also discussed his/her travel with a physician and Employee and Dependent(s) have obtained the required or recommended immunizations/vaccinations/medicines. Employee understands that health insurance may not be valid in the Destination(s) and accordingly Employee acknowledges that he/she and Dependent(s) have valid and current medical insurance and that Employee has verified with his/her insurer that the medical insurance is valid in the Destination(s).

3. **Employee And Dependent Conduct:** Employee agrees to conduct him/herself and to ensure that Dependent(s) conduct themselves in a manner compatible with the local laws and regulations of the Destination(s); the laws and regulations of the United States; Spelman College's policies for faculty and staff; and the policies of any host institution sponsoring the Activity. Employee further agrees that should his/her or Dependent(s)' conduct violate this Section, Spelman College reserves the right to terminate the Employee's and Dependent(s)' participation in the Activity immediately and that Employee and Dependent(s) will be solely responsible for the costs of any resulting return travel. Employee acknowledges that he/she may also be subject to discipline up to and including termination from Spelman College for engaging in any conduct in violation of the Section.

4. **Travel Authorization:** Employee represents that he/she and Dependent(s) have obtained written approval from the appropriate Spelman College official(s) to participate in the Activity. Employee further acknowledges that Spelman College reserves the right to withdraw that permission at any time. If Employee and Dependent(s) are engaging in international travel, Employee agrees that he/she has reviewed and is aware of the legal requirements for entry into the Destination(s) and has obtained the necessary visas and travel authorizations for him/herself and Dependent(s).

5. **Voluntary Participation:** Employee acknowledges that his/her participation and the participation of Dependent(s) in the Activity is voluntary and is not required by Spelman College.

6. **Waiver and Release of Claims:** In exchange for Spelman granting Employee and Dependent(s) permission to engage in the Activity, Employee, on behalf of him/herself and Dependent(s), and their respective representatives, agents, estate, heirs, executors, administrators, successors, and assigns, hereby unconditionally releases, waives, discharges, and covenants not to sue and agrees to indemnify and hold Spelman College, on behalf of itself, its subsidiaries, and related or affiliated entities, and its and their past, present, and/or future directors, administrators, officers, trustees, employees, agents, attorneys, insurers, representatives, and assigns (hereinafter collectively referred to as the "Released Parties"), harmless from any and all charges, complaints, claims, liens, contracts, covenants, liabilities, obligations, promises, agreements, controversies, damages, actions, causes of action, suits, rights, demands, attorneys' fees, costs, losses, and/or debts of any kind or nature whatsoever arising out of or relating to any loss, damage, or injury, including death, that may be sustained by Employee or Dependent(s) or to any property belonging to Employee or Dependent(s) in connection with or as a result of the Activity. Employee, on behalf of him/herself and Dependent(s), voluntarily assumes full responsibility for any risks of loss, property damage, or personal injury, including death, that might be sustained by Employee or Dependent(s) in connection with or as a result of the Activity.

Employee Signature: _____

Date: _____

Employee Name: _____