

**INTERNATIONAL ACTIVITY  
RELEASE & WAIVER**

**Name:** \_\_\_\_\_

**University Identification Number:** \_\_\_\_\_

**University Status:** Student\_\_\_ Faculty\_\_\_ Staff\_\_\_

**Program/activity:** \_\_\_\_\_

**University related benefit (circle all that apply):**      course credit      grant funding      internship credit  
Other (please describe): \_\_\_\_\_

**Country(ies) to be visited:** \_\_\_\_\_

**Dates abroad (mm/dd/yy): From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Emergency Contact Information (person(s) to be contacted in the event of an emergency while abroad):**

Name: \_\_\_\_\_

Phone number (please provide 2): \_\_\_\_\_

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**ACKNOWLEDGEMENT OF RISKS AND RELEASE OF RESPONSIBILITY**

I, \_\_\_\_\_, have the opportunity to participate in an international activity associated with my academic degree program, research, or administrative responsibilities. I understand that certain potential risks to personal health and safety are associated with international travel and residence in a foreign country. I further understand that I should not participate in an international activity unless I am willing to accept the associated risks, understanding that the University of Illinois at Chicago cannot guarantee my personal health and safety while engaged in activity abroad, or eliminate all such risks.

(Please read and initial each statement below. Sign the end of the document, and return to the Office of International Affairs, oia@uic.edu)

\_\_\_\_\_ I understand and accept that some of the risks associated with international travel and residence in a foreign country, include, but are not limited to exposure to potentially serious health and safety hazards such as: transportation accidents, storms, floods, earthquakes, and other natural disasters; infectious diseases, inadequate medical care, remote access to medical treatment; armed insurrections; and terrorist activities; and interruption by strikes or local political activity. I understand and accept that the University of Illinois at Chicago cannot control these risks.

\_\_\_\_\_ I understand and accept that the University of Illinois at Chicago is not in a position to guarantee my personal health or safety during my participation in any activity while abroad and that, in no event, shall the University be responsible in any way for any personal travel or activities I engage in while abroad and unrelated to the official purpose of my trip as described above under "program/activity".

\_\_\_\_\_ I understand and hereby acknowledge that I assume all risks incurred by my participation in any international activity.

\_\_\_\_\_ I understand that it is both a best practice for safety and in my best interest to register my travel information in the US Department of State Smart Traveler Enrollment Program.

\_\_\_\_\_ I affirm that, if the U.S. Department of State has an active Travel Warning posted for the country(ies) I will be visiting, I will read and educate myself about this Travel Warning. I understand that I may proceed with my travel plans notwithstanding this Travel Warning, however, I also understand that it is the standing suggestion of the University to defer or cancel this travel until a lower level of alert for my intended location is reinstated by the U.S. Department of State. I shall be mindful of U.S. government recommendations for travelers and requirements of government personnel contained within the Travel Warning, regarding avoidance of certain areas and circumstances, and shall plan my travel and activity accordingly.

### **International Insurance**

International health insurance coverage is required for all UIC students, faculty, and staff who are abroad on university related activity. This coverage is not included in most US domestic insurance policies. Cultural Insurances Services International (CISI) is the University of Illinois negotiated and preferred policy. CISI insurance coverage is **not** available to those who are travelling to their home country as defined by their passport. In such cases, the traveler is responsible to find appropriate insurance. The one exception is for those holding current Alien Registration ('green card') documents. These travelers, regardless of their passport, are eligible to enroll for CISI insurance.

\_\_\_\_\_ I understand and accept that I am fully responsible for enrolling in the CISI International Health Insurance plan, or to obtain comparable coverage (including but not limited to coverage for dismemberment and repatriation) if I am not eligible for CISI insurance, to cover the dates of my travel abroad.

\_\_\_\_\_ I assume all risks for finding my own health insurance if I choose not to enroll in the CISI plan and that the University of Illinois at Chicago cannot guarantee the appropriateness of any insurance enrollment arrangements that I make myself.

\_\_\_\_\_ In consideration of finding and enrolling in an insurance policy of my choice, I hereby release the University of Illinois at Chicago, its Board of Trustees, officers, agents and employees from any and all claims arising out of or in any way connected with my international activity as described above including, but not limited to the risks as outlined above.

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In consideration of benefits provided to me by the University, as listed above, related to this international activity, I hereby release the University of Illinois at Chicago, its Board of Trustees, officers, agents and employees of and from any and all claims arising out of or in any way connected with my international activity as described above including, but not limited to the risks as outlined herein.

I have carefully read the foregoing Release & Waiver, I know and understand the contents hereof, and I voluntarily sign below as an acknowledgement of my acceptance of these terms. I certify that I am at least 18 years of age and that I have read and fully understood this Waiver and Release.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

### **Parental Consent** (Required if traveler is under 18 years at beginning of program)

The undersigned parent or legal guardian of the above-named traveler, a minor, hereby consents to the participation of said student in the program described above, certifies that he/she has read and understood the contents of the Release & Waiver and voluntarily signs below as an acknowledgement of the acceptance of the terms hereof.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_