

**WICHITA FACULTY, RESIDENT OR STAFF
ASSUMPTION OF RISK AND RELEASE OF LIABILITY FORM
For TRAVEL to a HIGH-RISK AREA**

The University of Kansas Wichita

I, _____, a representative of the University of Kansas Medical Center Wichita in the department or office of _____ have chosen to participate in an international professional experience to give a presentation, attend a meeting or conference or conduct research or _____ in the city/country of _____.

I understand that there is a US Department of State Travel Advisory Level 3 or 4 or a CDC Travel Warning Level 3 for _____, and I hereby assume all risk of injury or death resulting from my participation in this travel, and that I fully understand the dangers and hazards of such activity, and agree that:

- I have secured health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in this travel.
- 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 its 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.
- KU provides medical repatriation and evacuation coverage for international travel, and I agree to print and carry the policy card with me while traveling.
- I authorize OIP to register me with STEP, which notifies the US Embassy of my presence in the country to which I am traveling.

I do hereby agree to waive any claims for personal injury and/or property damage against the University of Kansas, including its University of Kansas Medical Center, Wichita Center for Graduate Medical Education (WCGME) if a resident, the Kansas Board of Regents, and State of Kansas and their respective officers, employees, representatives, volunteers, and agents, as well as all of the respective past and present officers, employees, representatives, volunteers, and agents (collectively "Released Parties") and by my signature below do release and forever discharge the Released Parties 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/presentation/meeting/mission trip.

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

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

IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand this _____ day of _____, 20____.

Signature

Printed Name

State of _____

County of _____

Subscribed and sworn to before me, a Notary Public within and for the County and State above set out this _____ day of _____, 20____.

Notary Public

My appointment expires:

Return the completed form to the KUMC Office of International Programs.