INTERNATIONAL TRAVEL ADVISORY, ASSUMPTION OF RISK AND WAIVER

I have voluntarily and freely elected to travel to the country of ________________ during (dates) ________________________ in order to participate in research, course work, or other academic pursuits.

I am aware that the United States Department of State has issued a Travel Warning for the country of ________________________, and that the Department of State recommends that Americans defer non-essential travel to this country. I confirm that I have read and understand this Travel Warning and consulted the U.S. Department of Consular Affairs website for this country and that, despite this travel warning, I have made the decision to proceed.

I recognize that there are risks associated with all international travel. I further understand and acknowledge that travel to ______________________ at this time exposes me to risks of a greater likelihood and magnitude than those normally associated with international travel. These risks include, but are not limited to, those described within the State Department Travel Warning, as well as risks associated with ground, air or water transportation, adverse weather conditions, communicable disease, medical care, substandard building construction or maintenance, civil unrest, terrorism, war, and negligent or criminal acts of third parties. I understand that should any of these adverse circumstances occur, the result could include bodily injury, death, or property damage. I recognize that George Mason University ("Mason") cannot guarantee my safety.

I understand and acknowledge that this travel is wholly voluntary and that I am not required to travel to this location in order to satisfy any academic requirements of Mason. I hereby voluntarily assume full responsibility for any loss, property damage or personal injury, including death that may be sustained by me as a result of this study abroad. I hereby agree to release, indemnify and hold harmless Mason, its officers, employees, agents and representatives, from any and all claims, demands or causes of action, and all expenses incidental thereto (including attorney's fees), based upon or arising out of any loss, property damage or personal injury, including death, caused by or resulting in any way from study abroad.

With the intent to be legally bound, I acknowledge and represent that I have read this Memorandum of Understanding / Waiver and Release, that I understand same, and that I voluntarily sign below in order to demonstrate my agreement with the terms set forth herein, with full knowledge of the possible risks associated with study abroad.

Participant’s Name (Please print or type) ________________________________  Student ID Number ________________________________

Signature of Student Participant ________________________________  Date ________________________________

Witness of Student’s Signature ________________________________  Date ________________________________

Name of Witness (Please print or type) ________________________________

M:\Legal\Consent Forms\Global Office\International Travel Advisory Risk-Waiver GS Form\Spring 2013