



Acknowledgement of Non-Recommended Travel Waiver of Liability

For use in cases where the Division of Global Affairs and the Directorate of Global Operations recommends that travel to a region of the world in furtherance of a Kennesaw State University related program not occur due to safety/security concerns. This form contains three components: an Acknowledgment that the Travel is Not Recommended, Acknowledgement of Requirements for Continued Travel, and a KSU Waiver of Liability for KSU if staff/faculty/students choose to travel to these locations.

Name of Traveler: _____

Program: _____

Destination: _____

Travel Dates: Start _____ End _____

I. Acknowledgement that Travel is Not Recommended

I acknowledge that the Kennesaw State University Division of Global Affairs and Directorate of Global Operations do not recommend travel to my destination at this time due to extreme security and/or safety concerns pursuant to U.S. State Departments Travel Warnings.

Name of Traveler: _____ Date: _____

Signature: _____

II. Agreement for Continued Travel

I certify that I have and/or will purchase CISI insurance coverage for myself. I agree to provide proof of my CISI insurance coverage for the period of time no less than the duration of the above listed program start and end dates of travel prior to departure. I further agree that I will provide the Director of Global Operations with a detailed itinerary and security plan, to include but not limited to, 1) proposed housing and the security provided by the host, country and/or institution, 2) proposed transportation plans including security arrangements relating to travel (hard/soft vehicle, driver, armed security, etc), 3) event venues and the security provided by the host/institution, 4) locations and contact telephone numbers for U.S. Embassies/Consulates in the area, and 5) my contact telephone numbers for the duration of time in country. This information is to be provided no less that five (5) days prior to departure.

Name of Traveler: _____ Date: _____

Signature: _____

III. KSU Waiver of Liability for Kennesaw State University

By affixing my signature hereto I release, hold harmless, and forever discharge the Board of Regents of the University System of Georgia, KSU, its employees, heirs and assignees from any and all claims, demands, rights and causes of action of whatever kind or nature arising from, and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries including death, damages to property, and the consequences hereof resulting from my participating in this travel to a location that the Division of Global Affairs and the Directorate of Global Operations has determined to be a security/safety risk and that is the subject of a U.S. State Department Travel Warning advising travelers to avoid travel to this region.

I understand that I do not waive any and all rights under employment law, State of Georgia workers' compensation, ERISA, OSHA, as they apply to injury occurring in the course of the furtherance of the KSU educational mission.

Name of Traveler: _____ Date: _____

Signature: _____