Acknowledgement of Travel in a Country under a State Department Travel Advisory Waiver of Liability

For use in cases where the Division of Global Affairs and the Office of International Safety & Security recommends that travel to a region of the world in furtherance of a Kennesaw State University related program occur with caution due to safety/security concerns presented by the U.S. State Department. This form contains three components: an Acknowledgement of the Travel in a Country under a U.S. State Department Advisory, Acknowledgement of Travel in a Country under a U.S. State Department Advisory, 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 __________________________

Travel Advisory Level: __________

I. Acknowledgement of Travel in a Country under U.S. State Department Advisory

I acknowledge that the Kennesaw State University Division of Global Affairs and the Office of International Safety & Security recommend caution when traveling to my destination at this time due to the possibility of an increase of security and/or safety concerns pursuant to a U.S. State Department Travel Advisory.

Name of Traveler: __________________________ Date: __________________________

Signature: __________________________________________________________________
II. Agreement for Travel in a Country under U.S. State Department Travel Advisory

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 International Safety & Security with a detailed itinerary, to include but not limited to, 1) proposed housing address(es), 2) proposed transportation plans, 3) locations and contact telephone numbers for U.S. Embassies/Consulates in the area, and 4) my contact telephone numbers for the duration of time in country. This information is to be provided no less that two (2) weeks 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 Office of International Safety & Security has determined their to be a possibility of an increased security/safety risk and that is the subject of a U.S. State Department Travel Advisory recommending travelers to exercise increased caution when traveling 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: __________________________________________________________________________