



Biological
Discovery
in Woods Hole



THE UNIVERSITY OF
CHICAGO

**THE UNIVERSITY OF CHICAGO
TRAVEL WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT**

I have agreed to participate in the _____ (program). In consideration of being allowed to participate in the program, I hereby agree as follows:

1. I recognize and acknowledge that there are certain risks of physical injury (including death) which may arise from travel, study and work abroad. I also recognize that there are other risks such as those described in the State Department Consular Information Sheet or Travel Warning (see http://travel.state.gov/travel/cis_pa_tw/cis/cis_4965.html and http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html), and health risks as described in the Center for Disease Control Health Information (see <http://www.cdc.gov/travel>). I acknowledge that I have read this information as it pertains to the countries in which I will travel as part of the program.

2. My participation in the program is entirely voluntary. I understand that the program may be cancelled by The University of Chicago due to political, social, environmental or other risks, although the University of Chicago shall have no duty to do so, and that in the event of such cancellation the University shall not be responsible for any expense incurred by me including travel expenses. I understand further that the normal schedule of tuition refund for a withdrawn registration does not apply to foreign study programs. Additionally, I have no physical condition or dietary needs which would present a risk of injury to me through my participation in the program. Notwithstanding any instruction or consultation by the University of Chicago, I agree to assume responsibility for any injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with the program, except if caused by the sole negligence of the University of Chicago.

3. I hereby release and discharge the University of Chicago, its trustees, employees, agents and representatives from any and all liability, claims, damages and losses, including, without limitation, those arising from delays, delayed or changed departure, or arrival, missed carrier connections, weather, strikes, acts of God, force majeure, war, terrorism, quarantine, criminal activity, accident, sickness, injury or death, or other events outside the control of the University of Chicago that may be sustained by me or to any of my property while participating in the program.

4. I hereby agree to indemnify and hold harmless the University of Chicago, its trustees, employees, agents and representatives from any and all liability, loss, damage, or expense, including attorneys' fees, which arise out of, occur during, or are in any way connected with my participation in the program or any travel incident thereto.

5. I also understand that the University does not provide health insurance (except student health insurance if I have elected to participate), accident insurance, trip cancellation or baggage insurance to me. I certify that I have health insurance that will cover medical services that might be necessary and agree that I will not participate in the program should I become uninsured. I further understand that should the University of Chicago discover that I have not satisfied any one of these requirements, it may, but is not required to, terminate my participation.

6. It is my express intent that this Agreement shall bind the members of my family, my heirs and assigns. This Agreement shall be construed in accordance with the laws of the State of Illinois.

I am 18 years of age or older. I have read and fully understand the above and I voluntarily sign this Agreement.

Participant Signature

Date

Printed Name of Participant