

International Travel Acknowledgement of Risk and Medical Consent

I am a George Mason University student, employee, or a participant in a George Mason University-sponsored or university-related program and have received authorization, funding, or will receive academic credit for research, study, work, or travel in a foreign country. This agreement confirms my understanding of the following:

1. *Assumption of risk and conditional release*

a) I understand that my travel is entirely voluntary and agreed to, and that it involves some element of risk. Some of the dangers that I may encounter include, but are not limited to, the hazards of travel of both inside and outside the United States, murder, death, serious bodily injury, illness, maiming, kidnap, contagious disease, imprisonment, detention, delay of return to the United States, war, terrorism, civil unrest, un-peaceful protests, assault, battery, defamation, acts of simple negligence, theft, accidents or illness in remote places without medical facilities, the forces of nature, and residence in my international destination(s), and any and all direct and consequential damages caused by such events.

b) In addition, I understand that travel may require substantial work outdoors, use of public transportation, including buses, cabs, and trains, use of private transportation, private cars, buses and vans, walking, stair climbing, and hiking. **I hereby voluntarily assume all risks set forth above.**

c) I will not attempt to hold and I forever release, promise not to sue, waive, and indemnify and hold harmless the Commonwealth of Virginia, the Rector and Visitors of George Mason University, its employees, or agents (hereinafter collectively referred to as the "University") liable in damages for any injury, death, or loss to person or property sustained by me while traveling or activities conducted by, or under, the auspices of the University, unless such damages are caused by the university, and with the exception of those situations covered by U.S. Federal Government, Commonwealth of Virginia, and George Mason University laws, policies, and procedures

2. *Insurance Coverage, Medical Care, Health and Safety Concerns*

a) I am aware that during my university travel, I will be automatically enrolled in George Mason University's travel insurance program provided that my information has been entered into Mason Abroad Travel Registration System. The university's insurance policy offers medical and/or emergency repatriation and may cover medical, mental health, or relocation expenses related to an accident or emergency. The University's insurance policy is a supplement to, **not a substitute for**, individual health, travel, financial, and personal property policies. I will carry valid and current medical insurance and associated documentation for the duration of my travel. I have determined that my insurance is adequate to cover injuries, illnesses, loss of personal property, and other unforeseen travel expenses that I may sustain during travel. I will be solely responsible for payment in full of all costs of medical care I may receive overseas.

b) I understand that the University requires me to possess and maintain medical insurance coverage, and that it is my financial responsibility to provide personal medical insurance and to pay medical expenses that are not covered by my personal or the university's insurance.

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c) I understand that I am responsible for obtaining any required immunizations before traveling to my destination.

d) I have consulted with a medical doctor with regard to my personal medical needs and about the location(s) where travel will occur. There are no health-related reasons or problems that preclude or restrict my participation in this program.

3. *Emergency authorization*

a) I understand that my travel may take me to areas where medical care may be limited. I understand that emergencies can occur at any time, and that these emergencies may necessitate medical care, hospitalization, blood transfusion, or surgery. If possible, a University representative or agent will contact my family, spouse, guardian, or other person whose name I have provided in the Mason Abroad Travel Registration System as my *emergency contact*. It is my responsibility to ensure that powers of attorney are completed prior to my departure.

b) In the event that I am incapacitated, I understand that contacting the individual(s) granted authority by me, or by law, to make medical decisions on my behalf may not be possible. Therefore, I authorize the University to secure medical treatment, including anesthesia and surgery, if deemed necessary by a medical professional. I understand that payment for any medical services is solely my responsibility and I agree to reimburse the University for expenses incurred on account of my injury or treatment. I understand that the University will release my medical information to the medical provider(s) in the event I am unable to do so.

4. *Compliance with laws and standards of behavior*

a) I recognize that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations. I understand that local laws and regulations sometimes differ from those of the United States and I will operate within the laws of each country having jurisdiction. I recognize that neither the University nor the United States has any power to modify the decision of a foreign court, and agree that I will abide by the laws of each country and behave in a manner that is safe and consistent with the laws of the host country.

b) DRUGS | I understand that the University does not tolerate the use of illegal drugs (as defined by the host country) or the abuse of drugs/alcohol. I recognize the authority of the University to dismiss me from an academic program or pursue disciplinary action if I use illegal drugs or act in a manner that endangers the continuation of the program, others, or jeopardizes my ability to perform university-related activities. Employees of the university must comply with relevant sections of [University Policy 2219: Employee Drug and Alcohol Policy](#) while abroad. Should I engage in conduct that endangers others or disrupts university-related or university-sponsored travel, I forfeit my right to participate and agree to return to the United States or other designated domicile immediately at my own expense.

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c) **MOTOR VEHICLES** | I acknowledge that the University prohibits students from operating motor vehicles (including motorcycles, mopeds, and all other motorized vehicles, as well as cars) while participating in university sponsored academic programs, due to the inherent dangers of driving in a country with different traffic laws, driving habits, and regulations relating to insurance.

5. Independent Travel & Extracurricular Activities

In the event I participate in any independent travel or extracurricular activities before, during, or after the university-sponsored or university-related activities, I acknowledge that these activities are not university-sponsored or university-related and that I undertake them at my own cost, risk, and responsibility. In addition, if traveling on a university-sponsored program, I will inform the Academic Director/Trip Leader of such travels, including dates away from my original destination, mode of transportation, destination(s), cell phone or other emergency contact information, and date of return to my original/scheduled destination.

6. Monitoring Safety and Health Conditions

I know conditions in my destination(s) may change rapidly and I will stay informed of current events on a regular basis by obtaining updated security and health information from local media and U.S. resources (e.g., U.S. Embassy or Consulate, Department of State travel alerts and warnings, and Centers for Disease Control and Prevention travel warnings).

7. Change in Conditions, Program Suspension/Withdrawal

I understand that George Mason University has the right to cancel or change travel in case of emergency or hazardous conditions in accordance with University Policy 1134: University-Sponsored or University-Related International Travel.

8. Expulsion

If I leave on my own volition or am expelled from a university sponsored program, I understand there will be no refund of fees already paid. I understand, in such an instance, I may be required to return to the United States before completing my proposed program and may not receive academic credit or refund for expenses incurred to include personal and/or travel expenses incurred as result of expulsion from the program.

9. Safety/Security of Environment

I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host family, employer, transportation carrier, hotel, tour organizer or other provider of foods, goods or services offered during travel. I understand that the University is not responsible for matters that are beyond its control, and that it cannot warrant the safety or convenience of the circumstances under which I will be living, studying working, or traveling.

10. Use of Photographic Images

Without additional consideration, I give George Mason University, in perpetuity, my permission to use, for promotional purposes, any photographs or movies taken in the course of my participation in the Program.

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I have read and understand the above provisions and agree to be bound by them as indicated by my signature below. I agree that the terms of this document shall be governed by the laws of the Commonwealth of Virginia.

Participant's Signature

Name (printed): _____

G#: _____

Signature: _____

Date: _____

Parent or Legal Guardian's Signature (if participant is under 18 years of age):

By signing below, the parent/legal guardian certifies and acknowledges that he/she has read and agreed to this agreement, understands the risk and waivers described above, and has explained the agreement to the best of his/her ability to the participant. Further, the parent/legal guardian by signing this agreement further agrees to be financially responsible for any costs, reimbursements, damages incurred or caused by the participant.

Name (printed): _____

Signature: _____

Date: _____

SUBMISSION:

Email: Please email signed forms to GOAbroad@gmu.edu

Mail: If you are mailing this form for yourself or dependent, please send all completed forms to

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