

**YALE COLLEGE
TRAVEL ABROAD
ACKNOWLEDGMENT AND RELEASE**

Name: _____

Home address: _____

Telephone: _____ (cell) _____ (other)

Date of birth: _____ Yale College and Class: _____

Planned countries of travel, with applicable MEDEX travel risk rating (see below), and periods of travel:

Name(s) of Yale fellowships, work, and/or study programs: _____

I have registered my travel plans and emergency contact information on the Office of International Affairs website (world.yale.edu/travelform):

Yes. Date registered: _____

I have carefully reviewed the following sources of information about each of the countries in which I plan to travel (must review and check all three):

- U.S. State Department Travel Advisory website for planned countries of travel travel.state.gov
- U.S. State Department Country Background Notes website, www.state.gov/r/pa/ei/bgn/
- MedEx Country Threat Ratings, (homepage: yale.medexassist.com)
(Note: Please show the applicable country threat rating next to the country of travel listed above.)

I have attended/plan to attend a pre-departure orientation session presented by (must check at least one):

Center for International Experience in Yale College
The MacMillan Center
Other (please specify) _____

By signing below, I am advising the University that the information provided above is correct, and agreeing as follows:

- (1) I have discussed my travel plans with my parents or guardian.
- (2) I wish to engage in a travel program abroad that will be funded by the University, may be given academic credit by the University, or otherwise is sponsored by the University. I understand that the program abroad is not a necessary part of my degree program and that I am not required to participate in the program.
- (3) I understand that I am responsible for informing myself about the risks of travel abroad in the countries where I will go. I will make use of University and other resources to inform myself, and will check and keep informed about updates on travel conditions abroad.
- (4) I freely assume all risk of accident, injury, illness, or damage to me or my property associated with my travel abroad.
- (5) I understand and agree that Yale University and its employees and representatives are not responsible for any accident, illness, or other harm that may occur to me while I am abroad, nor for any damage or injury to any person or property in connection with my travel.
- (6) I release and hold harmless Yale University, its trustees, officers, and employees, from and against any claims that I, my parents or guardian, estate, or any other person may have arising out of or in connection with my travel.
- (7) I certify that I am of legal age to sign this form and that I do so voluntarily, and intending to bind myself, my executor, heirs, administrators, and assigns. *(If student is below the age of 18 as of the date of signing, signature of at least one parent or guardian must be provided.)*

Signed: _____

Date: _____

If under age 18:

Parent signature: _____

Date: _____

Parent signature: _____

Date: _____