

**ASSUMPTION OF RISK AND RELEASE FORM
INTERNATIONAL TRAVEL TO DESTINATION WITH ELEVATED RISK**

THIS IS A RELEASE OF LEGAL RIGHTS
READ AND UNDERSTAND BEFORE SIGNING

Name of Employee: _____

Destination: _____
Country/Countries City/Cities

I, _____, will be traveling to _____, an elevated risk destination that is currently subject to a U.S. Department of State Travel Advisory of a Level _____. In exchange for being granted permission to do so, I hereby agree as follows:

1. Risks of Travel to this Destination

I understand that participation in this travel involves risk exceeding that of which is inherent when traveling to a country or region with a Level 1 or 2 travel advisory. These include risks involved in traveling to and within, and returning from, one or more foreign countries or regions, such as: civil unrest due to political, economic, religious, and/or ethnic instability; criminal actions; health hazards due to disease and/or lack of medical infrastructure; terrorism; and other matters which may be described in the U.S. Department of State Travel Advisory which I have received and reviewed. I have made my own investigation and am willing to accept these risks and all responsibility for my personal safety and wellbeing.

2. Independent Activity

Although Mississippi State University ("University") is allowing this travel, I understand that the University will not be supervising me. Therefore, I will be responsible for my own safety and cannot hold the University liable for any injuries to my person or property or any other losses as a result of my participation in this travel.

3. Institutional Arrangements

I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the travel. I understand that the University is not responsible for matters that are beyond its control. **I hereby release the University from any injury, loss, damage, accident, delay or expense arising out of any such matters.**

4. Assumption of Risk and Release of Claims.

KNOWING THE RISKS DESCRIBED ABOVE, AND IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE PROGRAM, I AGREE ON BEHALF OF MY FAMILY, HEIRS AND PERSONAL REPRESENTATIVES TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING MY PARTICIPATION IN THE TRAVEL. I AND MY HEIRS AND SUCCESSORS AND ASSIGNS AGREE TO RELEASE, INDEMNIFY AND HOLD HARMLESS MISSISSIPPI STATE UNIVERSITY, THE BOARD OF TRUSTEES OF THE STATE OF MISSISSIPPI'S INSTITUTIONS OF HIGHER LEARNING, OFFICERS, EMPLOYEES, AGENTS AND THE HEIRS, SUCCESSORS AND ASSIGNS OF EACH FROM ANY AND ALL LOSS, COST, DAMAGE, LIABILITY OR EXPENSE (INCLUDING ATTORNEY'S FEES) RESULTING IN OR ARISING FROM MY PARTICIPATION IN THE TRAVEL (INCLUDING PERIODS IN TRANSIT TO OR FROM ANY COUNTRY TO WHICH I AM TRAVELING).

I have carefully read this Assumption of Risk and Release Form before signing it. No representations, statements or inducements, oral or written, apart from the foregoing written statement have been made.

This Agreement shall be effective only upon my signature below, and shall be governed by the laws of the state of Mississippi, which shall be the forum for any lawsuits filed under or incident to this Agreement or to the travel.

Date: _____

Employee: _____