

HUTTON HONORS COLLEGE FOREIGN TRAVEL RELEASE FORM
Waiver, Travel and Indemnification

Student states that his/her acceptance of Hutton Honors College grant funds is wholly voluntary.

Student states that s/he understands that certain risks are inherent in foreign travel and that s/he fully accepts those risks. Those risks may include, but are not limited to, such things as war, quarantine, civil unrest, public health risks, criminal activity, terrorism, exposure to communicable diseases, ill effects of unfamiliar food and water, incidents related to ground, air or water transportation, adverse weather conditions, accident, injuries or damage to property, and other physical, mental, and emotional injury.

Student states that s/he fully understands the above risks and that s/he agrees to assume the risks, including the risk of catastrophic injury or death.

Student states that, for and in consideration of acceptance of these grant funds, student and his/her heirs, successors, assigns, and personal representatives agree to indemnify, hold harmless, release and forever discharge Indiana University, its Trustees, employees, and agents, and cooperating institutions, and their offices and agents from any and all claims and expenses, including reasonable attorney's fees, for any injury, loss, or damage to personal property, including catastrophic injury or death, related to the travel and experiences this grant helps to fund.

Student acknowledges that s/he has read, understood and will abide by each of the terms and conditions of this Agreement.

Choice of Law

The interpretation and performance of this Agreement shall be construed in accordance with the laws of the State of Indiana, and any litigation arising out of this Agreement shall be venued in Monroe County, Indiana and shall be governed by the laws of the State of Indiana.

Students are strongly encouraged to consult the State Department Consular Information Sheets and Travel Warnings at http://travel.state.gov/travel_warnings.html and the Centers for Disease Control (CDC) at <http://www.cdc.gov> with regard to their destination country(s) prior to signing this Agreement.

NOTE: This statement must also be signed by a parent IF the grant recipient is a dependent student (i.e. claimed as a dependent on either parent's tax return).

Student's Signature _____ Date _____

Name (printed) _____ Destination(s) _____

Check one: I am an independent student
 My parent's signature is provided below:

I hereby give my son/daughter named above permission to participate in this Hutton Honors College grant program. I have read the statement above and agree that I and my son/daughter understand and assume the risks associated with the travel and experiences this grant helps to fund, and that we will hold Indiana University, its Trustees, employees, and agents harmless, as stated above.

Parent's Signature _____ Date _____

Parent's Name (printed) _____

It is also extremely important for student travelers to have adequate insurance before departing. This coverage should also include medical evacuation, repatriation of remains and life insurance. If you are currently included on your family's insurance policy, you must make sure that the coverage is valid overseas for the duration of your travel. Students with an International Student Identity Card (see <http://www.istc.org>) receive basic medical/accident insurance coverage for their travel outside the continental United States, for the period that the ID card is valid. These ID cards are available locally at STAtravel. Because such coverage may not be adequate to meet every contingency, you should check to see what additional protection you might need.

Hutton Honors College, ATTN: Undergraduate Grants Program, Indiana University, 811 E. Seventh St., Bloomington, IN 47405, (812) 855-3555