



Study Abroad Travel Waiver

The United States Department of State ranks risk of travel from one to four. On April 19, 2021, the US Department of State implemented a change in the methodology for their advisory level system and significantly increased the number of countries at “Level 4: Do Not Travel” to approximately 80 percent of countries worldwide. The Department of State advises U.S. citizens to avoid all international travel due to the Global Impact of Covid-19.

I, _____, understand that the United States has recommended against international travel during the global pandemic and I have chosen to travel to attend a study abroad program with a Department of State Travel Advisory Level of _____ and a Centers for Disease Control and Prevention Travel Advisory Level of _____. I understand that a Department of State Travel Advisory of “Level 3: Reconsider Travel” means I should “Avoid travel due to serious risk of safety and security” and that a “Level 4 Do Not Travel” means “During an emergency, the U.S. government may have very limited ability to provide assistance.” Furthermore, I understand that traveling to a country with a Travel Advisory Level of 3 or 4 may expose me to the following risks: crime, terrorism, civil unrest, health, natural disaster, time-limited events, kidnapping or hostage-taking.

I understand that if I study abroad during the Covid-19 pandemic, it is my responsibility to know and follow all testing, quarantine/isolation, and vaccination requirements of my destination country, host institution, and Saint Mary’s College. I am aware that Covid-19 is unpredictable and that Travel Advisory Levels and health and safety conditions in my destination may change at any time. I am aware that new variants may emerge and present unknown risks, and that hospital capacity may change during the course of my study. I understand that I may be required to leave my destination early if conditions in my destination worsen. I understand that the Saint Mary’s College mandatory Covid-19 vaccination policy applies to study abroad students and that verification of COVID vaccination is required.

I acknowledge that I am voluntarily participating in study abroad travel during the Covid-19 pandemic and will assume full responsibility for all risks associated with my travel, including COVID break-out, and any additional expenses related to requirements of quarantine or travel changes, that are not covered by the Program.

I agree that I have reviewed and understand the following information:

- Read the [U.S. Department of State Travel Advisory](#) specific to my destination and be aware of all urgent threats to safety and security included in the Travel Advisory
- Read the [Centers for Disease Control and Prevention Travel Advisory](#) specific to my destination
- Read the US Embassy Abroad Covid-19 Information page specific to my destination
- Read the Covid-19 protocols specific to my host institution and follow all testing, quarantine/isolation, and vaccination requirements of my host institution and destination country
- Read the [CDC International Travel Recommendations for Fully Vaccinated People](#)
- Read the CDC Covid-19 Guidelines: [How to Protect Yourself and Others](#)
- Check with my airline, cruise line, travel operators guidelines regarding travel plans and/or restrictions
- Have a travel plan that does not rely on the U.S. government for assistance
- Visit the [Department of Homeland Security’s](#) website on the latest travel restrictions to the United States
- Visit [keeping workplaces, homes, schools, or commercial establishments safe](#)

I have read and understood the GeoBlue Insurance policy and the DRUM Evacuation Guidelines. I understand that risks currently associated with participation in study abroad programs such as:

- a) potentially contracting the coronavirus, including genetic variants thereof, or associated diseases
- b) being placed in indefinite quarantine by the host country upon arrival;

- c) impacts of restrictions imposed by governmental authorities that may impede conduct of the Program or related activities;
- d) being limited in mobility due to program or government guidelines, inability to travel and/or return to the United States
- e) illness, injury or travel impediments associated with civil unrest resulting from COVID-19 outbreak and/or governmental responses thereto.

I understand that the scope of the COVID-19 pandemic, the manner in which COVID-19 is transmitted, the timing, scope and location of possible surges in outbreaks of COVID-19, and the locations and activities creating risk of contracting COVID-19 are not yet fully known, and as a result the foregoing description may not fully identify the risks associated with my participation in the Program.

I am over the age of 18 and I have read this document, and I sign it freely. I understand the legal consequences of signing this document, including (a) releasing Saint Mary’s College from all liability (b) waiving me and my heirs and assigns right to sue the College, (c) and assuming all risks of traveling to my host country.

I release from liability and waive my right to sue Saint Mary’s College, their employees, officers, volunteers and agents (collectively “College”) from any and all claims, including claims of the College’s negligence, resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result from my decision to travel to the host country. I, individually and on behalf of my heirs and assigns, agree to indemnify the College and hold it harmless from and against all liability, losses, damages, claims, liens, and expense (including reasonable legal fees) arising out of or connected with my decision to travel to the host country.

I agree that this waiver and release is governed by the laws of the state of Indiana and is intended to be as broad and inclusive as permitted by Indiana law. If any portion of this agreement is held invalid, it is agreed that the balance of the agreement shall continue in full force and effect.

The venue for any proceedings regarding this agreement shall be the St. Joseph County Superior Court or the U.S. District Court for the Northern District of Indiana.

By signing this waiver, release and indemnification agreement, I represent (1) I have read the entire document; (2) understand its terms and provisions; (3) understand that it affects my legal rights and those of my heirs and assigns; and (4) I have voluntarily signed this binding document.

Signature	Printed Name	Program	Date
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