## RELEASE, ASSUMPTION OF RISK AND COVENANT NOT TO SUE TRAVEL TO $\_\_\_$

l,	, am a(n)	student at Emory Univers	ity. I have agreed to parti	cipate in a(n)
		from		
I acknowledge that my parequired for a degree.	rticipation in the Program is entirely	voluntary and is in no way required	by Emory University to c	omplete the credit hours
acknowledge and accept	re inherent risks involved with my tra all of these risks outlined by Interie to follow the applicable CDC guide s).	national SOS, which I confirm I ha	ave reviewed. In addition	i, I acknowledge Emory
I confirm that I have revi	ewed the International SOS Medica	al and Travel Risk ratings, and the	U.S. Department of Sta	te Travel Advisory for,
that I will monitor any cha	as well as for the following cities in s nges to both ISOS and U.S. Departn	uch country(ies): nent of State travel alerts and adviso	With my sign ories on my own.	ature below, I also agree
that I will contact Internat Emory University does no travels abroad or the phy does not provide me with	nt travel, I agree that I will provide the ional SOS in advance to determine of warrant (or guarantee) in any respessical condition of any facility or equipath medical insurance or any travel wided only when I am in the course are	medical facilities that I should utilize ect the competency or mental or phy ment used in connection with my tr insurance in connection with the	e in the case of an emer vsical condition of any pe avel abroad. I understar Program. Liability insura	gency. I understand that rson associated with my nd that Emory University
RISKS OF DAMAGES OF	BEING PERMITTED TO PARTICIP. R INJURY, INCLUDING DEATH, TH. ROGRAM, ALONG WITH ANY TRAN GRAM.	AT I MAY SUSTAIN OR THAT MY F	PROPERTY MAY SUSTA	AIN WHILE I
officers, agents, employed whatever kind or nature, in	relieve, covenant not to sue and foreves, students and volunteers of any arncluding but not limited to negligence esulting from the Program or any tra	nd for all claims, demands, rights, lia , unforeseen bodily and personal inju	abilities, losses, expenses	and causes of action of
executors and assigns, at laws of the State of Georg OF ALL LIABILITY TO TH OF THIS RELEASE IS H	terms of this Release, Assumption of and all members of my family. I expre- gia without regard to conflict of law p HE GREATEST EXTENT ALLOWED HELD TO BE INVALID BY ANY COI OTHERWISE AFFECT THE REMA	ssly agree that this Release shall be rinciples. I INTEND THIS TO BE A BY LAW AND AGREE THAT, IN TH JRT OF COMPETENT JURISDICT	governed and interprete COMPLETE AND UNCO HE EVENT THAT ANY CO TON, THE INVALIDITY	d in accordance with the DNDITIONAL RELEASE LAUSE OR PROVISION
	ASE, ASSUMPTION OF RISK AND O DCUMENT, THAT I UNDERSTAND INTARILY.	•		
Print Name		 Date		
Signature		-		
EMERGENCY CONTACTION In the event of an emerge	Γ INFORMATION ency, I hereby give Emory the permis	sion to contact the following individu	ual(s):	
Name	Relationship	Phone	Email	
Name	Relationship	Phone	Email	