Faculty and Staff International Travel Waiver Form

Notice: This agreement is a contract with legal consequences. Please read it carefully before confirming your acknowledgement below.

In consideration of my travel to (name of country (ies)
I hereby freely agree to make the following contractual representations and agreements:

- I have read and understood the U.S. State Department Travel Advisory regarding the risks of travel at this time in the country(ies) I will be visiting during my travel to the areas including those with dangers specific to U.S. citizens.
- I understand that if I travel as a Towson University faculty or staff member for an international event (including recruitment, conference, partnership-building, professional meetings etc.), Towson University cannot guarantee my safety.
- I assume full responsibility for all risks associated with my travel to the country (ies).
- I fully realize the dangers of travel to the country (ies) and voluntarily assume all the risks associated with such participation. I understand the risks include, by way of example, and not limitation, the following:
  - all risks included in the State Department information
  - all normal risks of travel, including but not limited to the risks of accidents, terrorist activities, crime, sickness, and compliance with local laws
- I agree that it is my sole responsibility to be familiar with the physical and/or mental demands associated with this travel. With these demands in mind, I have no physical or mental condition which, to my knowledge, would endanger myself or others if I travel abroad. I also agree to abide by any established rules or regulations while engaged in this travel.

I understand and expressly assume all the risks and dangers of the activities contemplated by this Agreement, and I hereby release, waive, discharge, and covenant not to sue Towson University, the University System of Maryland, the State of Maryland, and their officers, agents, servants, and employees (collectively, the "Releasees") from all liability, claims, demands, actions, or causes of action whatsoever arising out of any damages, loss, or injury to me or to my property while participating in any of the activities contemplated by this agreement, whether such damage, loss, or injury, results from the negligence of the Releasees or for any other cause. I also hereby release, waive, discharge and covenant not to sue the Releasees from any claims whatsoever on account of any first aid, treatment, or service rendered to me during my participation in the above activity. I hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs, including court costs and attorneys’ fees, that they may incur due to my participation in said activities whether caused by the negligence of Releasees or otherwise.

I agree, for myself and my successors, that the above representations and agreements are contractually binding, and are not mere recitals. I agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Maryland, and that if any portion of it is held invalid, the balance shall continue in full force and effect. I agree that my failure or refusal to sign such agreements or releases shall in no way affect the validity of this Agreement, nor revoke or cancel any of the terms of this Agreement. I or any of my successors shall be liable for the expenses (including legal fees) incurred by the party or parties in defending against such claim or suit. This Agreement shall not be modified orally.

I have carefully read this form and fully understand its contents. I am aware that this is a release of liability, a waiver or claims, an agreement not to sue, an indemnity, and a contract between myself and Towson University and for the benefit of others described herein, I agree to it of my own free will.
Faculty/staff member who will be traveling internationally:

☐ I acknowledge that I have read, understand, and agree to the limits and conditions above.

________________________________________________________  
Last Name ___________________________________________________________________________________________________

First Name ___________________________________________________________________________________________________

TU ID# ______________________________________________________________________________________________________

________________________________________________________  
Academic or Administrative Department __________________________________________________________________________

________________________________________________________  
Date Departing U.S. ____________________________________________________________________________________________

Date Returning to U.S. __________________________________________________________________________________________

________________________________________________________  
Signature _________________________________________________________________________________________________

Date ______________________________________________________________________________________________________