

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS
ASSUMPTION OF RISKS, AND HOLD HARMLESS AGREEMENT**

In consideration of Florida Atlantic University authorizing my international travel to and participation in _____ (the "Conference"/"Event"), which will take place between _____, in _____, in the country of _____, I hereby agree as follows:

I, _____, for myself and my estate, heirs, administrators, executors, and assigns, hereby release and hold harmless the State of Florida, the Florida Board of Governors, the Florida Atlantic University Board of Trustees, and their respective officers, directors, trustees, employees, representatives, agents, and volunteers (collectively, the "Releasees"), from any and all responsibility or liability whatsoever, however caused, for any and all damages, claims, or causes of action that I, my estate, heirs, administrators, executors, or assigns may have for any kidnapping, loss, illness, personal injury, death, or property damage arising out of, connected with, or in any way pertaining to my travel to or participation in the Conference/Event, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

I fully understand that there are potential risks and hazards associated with the Conference/Event and its related round-trip travel from Florida to _____ including, but not limited to, possible kidnapping, injury, or loss of life. I further understand that the Conference/Event will be conducted at locations that are not under the control or supervision of the Releasees. I acknowledge that _____ is currently the subject of a United States Department of State Travel Warning, issued on _____ (the "Travel Warning"), that WARNS U.S. CITIZENS AGAINST TRAVEL TO _____. The Travel Warning states that _____

I acknowledge that a copy of the Travel Warning printed from the United States Department of State's website (<http://travel.state.gov>) is attached to and incorporated into this agreement, and that I have read, understand, and initialed each page of the attached Travel Warning.

I understand and acknowledge that Florida Atlantic University discourages travel to countries that are the subject of State Department Travel Warnings. I further understand and acknowledge that the Conference/Event is a purely optional activity in which I am freely and voluntarily participating; that I will receive no penalty from the Releasees for not participating; and that I am in no way required by the Releasees to participate in the Conference/Event. Despite the potential risks and hazards associated with the Conference/Event and its related round-trip travel, I wish to proceed, and freely accept and assume any and all risks and hazards that may arise from my participation in the Conference/Event and that could result in kidnapping, loss, illness, personal injury, death, or damage to me or to my property.

In signing this agreement, I acknowledge and represent that I have read and understand it and the Travel Warning; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age and fully competent.

I HAVE READ THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND VOLUNTARILY AGREE TO BE BOUND BY IT.

NAME (PRINTED)

WITNESS (PRINTED)

SIGNATURE

WITNESS SIGNATURE

DATE

DATE