

**NYU**Global  
Programs**NYU GLOBAL TRAVEL RELEASE****Foreign Travel Release Form** FOR STUDENTS 18 YEARS OR OLDER

Name

University ID Number

NYU Site or Other Location Abroad

Semester/Year

**CAPSTONE**

Wagner Course Name or Capstone/Internship Organization Name

**Acknowledgement**

I plan to participate in a New York University (the "University") Study Away Program (the "Program"). I understand that the University is not insuring or guaranteeing, in any manner, my safety from personal injury or any other loss or damage that may occur as a result of the Program, including any trips I may take inside or outside of the country in which the University's study away site is located (the "Host Country"). I understand that travel presents risks to me and my personal property, involves the challenge of different cultural norms and expectations, and that it is my responsibility to understand and observe these customs. Specifically, I acknowledge that:

**Risks**

1. The University is not responsible for my losses, illnesses, injuries or disabilities or for conditions I experience during the Program, including those that occur during University sponsored or supervised activities, when I am traveling independently, including inside and outside of the Host Country, or when I am otherwise separated or absent from any University-supervised activities.
2. The Program may involve risks and dangers, including dangers to my health and personal safety such as those posed by war, terrorism, crime, civil unrest, political unrest, violence, kidnapping, or illness; public health risks and risks associated with the possibility of different and changing foreign, political, legal, medical, health, social and economic conditions; different laws and standards of conduct; different standards of design, safety, and maintenance of buildings, public places and conveyances; and different local weather and environmental conditions.
3. The University cannot confirm the accuracy of information supplied by others who are not the official representatives of the University for the Program.
4. The University cannot eliminate all risks or guarantee my safety while I travel or participate in the Program.

**Travel**

1. The Program involves domestic and international travel to, from, within, and around the Host Country and may include travel by bike, automobile, bus, van, train, ship, and airplane.
2. The University is not responsible for my personal effects, either in transit or at final destinations.
3. I will register with NYU Traveler (<http://www.nyu.edu/life/travel-and-transportation/nyu-traveler.html>) in advance of the Program and prior to any trips that I take while on the Program and read associated travel notices.

4. I have read all available information about the Host Country and any other relevant destinations on the U.S. Department of State website (<http://travel.state.gov>), including, the most recent applicable travel warnings. If I am a citizen of a country outside of the U.S., I also have read all available information about relevant destinations provided by such country. I appreciate that conditions can change and it is my responsibility to determine if the information on these websites is updated.
5. If I am a U.S. citizen, I understand that Americans are encouraged to register with the Consular Section of the U.S. Embassy in the Host Country through the State Department's travel registration Web site at [www.travelregistration.state.gov](http://www.travelregistration.state.gov).

### **Health**

1. Prior to the Program, I will inform the Medical Director of the University's Student Health Center of any information regarding my health, or physical or mental condition that may be relevant to my participation in the Program or any travel during the Program.
2. I have read the U.S. Centers for Disease Control health advisory information relating to travel abroad (<http://www.cdc.gov/travel>), and any additional information available from the World Health Organization website (<http://www.who.int/>). I am responsible for complying with any immunizations or precautions recommended or required by the U.S. Centers for Disease Control and/or the World Health Organization.
3. I am aware that I can obtain medical advice (country specific presentation by nursing staff), immunizations, and prescriptions from the NYU Student Health Center or other appropriate medical professionals.

### **Policies and Laws**

1. I am bound by and will comply with the University's policies and procedures during the Program.
2. I will become informed of, and will abide by, the laws and standards for the Host Country and each other country or territory, including laws of the United States that have extraterritorial application, to or through which I will travel during the Program, including with respect to any research or non-University sponsored activities.
3. If I plan to travel to any country (e.g., Syria, Iran, Cuba, etc.) subject to economic or trade sanctions administered by the Office of Foreign Assets Control ("OFAC") of the US Department of the Treasury or to interact with any individual or company on the Specially Designated Nationals ("SDN") list maintained by OFAC (see [treasury.gov](http://treasury.gov) for a complete list of countries subject to sanctions and for the SDN list), I have consulted with the Office of General Counsel and obtained all required licenses or confirmation from the Office of General Counsel that a license is not required and will comply with any applicable OFAC regulations or sanctions.

I have made my own investigation of the risks described above, understand these risks and assume them knowingly and willingly. With full knowledge of the risks and liabilities associated with the Program, I have made the independent judgment to participate voluntarily in the Program.

### Release and Waiver of Liability and Covenant not to Sue

*I agree the University is not responsible if anything happens to me or to my property in connection with my participation in the Program, including any trips I may take inside or outside of the Host Country. Knowing the risks and dangers associated with the Program and in consideration for being permitted to participate in the Program, I also agree, to the maximum extent permitted by law:*

- 1. to release and discharge the University from any liability or responsibility for any personal or bodily injury (including death), and for any damage to or loss of property, however caused, that I suffer as a result of or in connection with my participation in the Program or any related or independent travel , including, but not limited to, any injury, loss or damage resulting from or arising out of the negligent acts or omissions of members of the faculty or administration or other employees, agents, or servants of the University; and*
- 2. not to raise any claim or institute any legal action or proceeding against the University that I have ever had, now have, or may have in the future or which my heirs, executors, administrators, or assigns may have, or claim to have, for any cause of action that may result from or arise out of my participation in the Program or any travel related to the Program, including, but not limited to, any cause of action that may result from or arise out of the negligent acts or omissions of members of the faculty or administration or other employees, agents or servants of the University.*

All references to the University in this form will include, New York University and its affiliates, and all provisions of this Travel Release will inure, to the benefit of, the University's and its affiliates, and their trustees, officers, employees, agents, servants and representatives.

This Travel Release will be governed by and construed in accordance with the laws of the State of New York, United States, applicable to contracts entered into and intended to be performed solely within the State of New York. I will submit to the jurisdiction of the federal and state courts located in New York County, New York State, for the resolution of disputes arising hereunder or relating hereto, regardless of the place of execution hereof.

I have read this document and understand its contents. Representatives of University have answered any questions related to the Program or this Travel Release to my satisfaction. I have full authority to execute this Travel Release and have executed this Travel Release voluntarily and of my own free will.

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Signature

Date