Assumption of Risk and Release/Waiver of Claims - Unaffiliated Traveler
Western Carolina University, Office of International Programs and Services

This form needs to be completed by unaffiliated travelers prior to departure. Unaffiliated travelers refer to accompanying non-enrolled family members, partners, and friends. Request for unaffiliated travelers should be discussed with IPS prior to granting program participation. IPS is not able to assist with housing, child care, health care, travel arrangements, or any other necessary support for unaffiliated travelers.

Dates of Travel: _______________________________________________________________

Destination(s): _______________________________________________________________

Description of program: _______________________________________________________
______________________________________________________________________________

In connection with my trip to the above-referenced destination(s):

1. I have carefully identified, reviewed and considered the risks of travel to my destination(s), including reading the most recent relevant U.S. State Department (“DoS”) information available through http://travel.state.gov/.

2. I understand that this travel will expose me to many risks associated with domestic or foreign travel, or residence in a foreign state, and participation in a study program conducted at that location. These risks include without limitation, food poisoning, depression, homesickness, theft, bodily injury and risks associated with public/political instability, and/or natural disasters. I voluntarily and expressly accept and assume all risks, hazards, and dangers inherent in participating in the travel. I understand Western Carolina University is not responsible for my safety and I assume full responsibility for all risks associated with my travel. I agree that I am personally responsible for obtaining all health information, medical procedures, immunizations, and medications appropriate to the above-described program for my personal well-being.

3. I understand that I am solely responsible for the payment of any costs related to injury or property damage sustained through my participation in the travel. I understand that I am solely responsible for maintaining adequate health and accident insurance coverage, for keeping current on the health advisories posted on the CDC and World Health Organization websites(http://wwwnc.cdc.gov/travel/ and http://www.who.int/en/), and I certify that I have adequate insurance coverage.

4. I hereby agree, for myself and on behalf of my successors, heirs, and assigns, that for the sole consideration of WCU allowing me to participate in the travel, I hereby waive any and all claims and release, satisfy, and forever discharge from any and all actions, claims, damages, judgments, demands, rights, and causes of action of whatever kind of nature,
arising out of all known and unknown, foreseen and unforeseen bodily and personal 
injuries or damage to property arising out of or related to my voluntary participation in the 
travel.

5. I further agree that for the sole consideration stated above I will not institute any legal or 
administrative proceedings against WCU and its Board of Trustees; the University System 
of North Carolina ("UNC") and its Board of Governors; and their directors, officers, agents 
or employees for any claim for damages arising out of or related to my voluntary 
participation in the travel course.

6. I understand that the acceptance of this Assumption of Risk and Release/Waiver of 
Claims shall not constitute a waiver by WCU or UNC, in whole or in part, of sovereign 
or official immunity.

7. I further agree to obey all laws and regulations of the country, countries and/or location(s) I 
visit. I agree to make a good faith effort to observe the customs and show respect and 
courtesy to the people of my destination site and everyone involved in the travel.

8. I understand that WCU will not collect fees or charges for my participation in the program, 
and that my participation in this program will, in no way, be reflected as fees to student 
participants.

9. I agree to abide by all relevant guidelines pertaining to appropriate behavior while preparing 
for and participating in the travel including:
a. The WCU Code of Student Conduct,
b. The course instructors’ specific guidelines,
c. Relevant laws within the host country, and 
d. Policies and procedures of third-party providers and/or host institutions.

10. I certify that I am at least 18 years of age and suffering under no legal disabilities and that I have 
carefully read and understand this Assumption of Risk and Release/Waiver of Claims, and agree to be 
bound by the terms contained herein.

_______________________________________ ___________________
TRAVELER’S NAME               DATE

_______________________________________ ___________________
TRAVELER’S SIGNATURE            DATE