FACULTY AND ADMINISTRATOR FOREIGN TRAVEL FOR PROFESSIONAL DEVELOPMENT 
ACKNOWLEDGMENT AND RELEASE

I, ______________________________, acknowledge that I have voluntarily decided to attend a professional conference, meeting, or convention or to conduct scholarly research or field work outside the United States, and that I have applied to the College of the Holy Cross (“the College”) for full or partial reimbursement of the costs of the trip.

I am aware that foreign travel can involve the risk of injury or illness to myself or damage to my property. I voluntarily accept all risk of personal injury, illness, death and property damage resulting from my travel to and attendance at the conference, meeting, or convention or from my scholarly research or field work abroad. In consideration of accepting reimbursement of the costs of the trip, I, on behalf of my family, heirs, and personal representative(s), agree to assume all the risks and responsibilities of attending the conference, meeting, or convention or pursuing the research or fieldwork, including transportation incident thereto, and any activities incident thereto, and I release, waive, discharge, hold harmless and covenant not to sue the College, its trustees, officers, agents, employees, and any students acting as employees (“Releasees”), with respect to any and all liability for any loss, harm, injury, damage, costs or expenses of any nature whatsoever, including but not limited to suffering and death, which I or my property may sustain, whether caused by the negligence or carelessness of the “Releasees,” or otherwise, while participating in, or in transit to or from, the Program or any activity adjunct to the Program.

REGARDING FOREIGN TRAVEL TO COUNTRIES/AREAS ON THE 
STATE DEPARTMENT TRAVEL WARNINGS LIST

In the event that my voluntary travel includes travel to any country or area on the US State Department’s Travel Warnings list, I hereby affirm:

1) I have read the State Department’s Travel Warning for the country or area concerned;
2) I agree to take whatever additional precautions are suggested by the applicable Travel Warning;
3) I have considered all options, including travel to different areas not on the Travel Warnings list, postponement of my trip, and cancellation of my trip, and, after such consideration, have decided that my trip to a country/area on the Travel Warnings list can be undertaken safely and prudently under the circumstances.

Any dispute, controversy or claim arising out of or relating to my travel to and attendance at the conference, meeting, or convention or to my conduct of scholarly research or field work activities, or arising out of this Release, shall be settled by binding arbitration in the City of Worcester, Massachusetts in accordance with the rules then prevailing of the American Arbitration Association. Such arbitration shall be determined by a single arbitrator, and judgment upon the award rendered by the arbitrator may be entered in any court of competent jurisdiction.

This Release shall be interpreted under and governed by the laws of the Commonwealth of Massachusetts without regard to its choice of law rules.

I understand that this Release is for the benefit of the College and its agents, employees and related entities only. Third parties, such as common carriers, hotels, or travel agencies, are not released from liability for their acts.

Please turn the page and sign this Acknowledgment and Release on the reverse >>
I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

FACULTY MEMBER/ADMINISTRATOR

______________________________________________  Date:_______________________________
(Signature)

______________________________________________  ______________________________
(Printed Name)

WITNESS

______________________________________________  Date:_______________________________
(Signature)

______________________________________________
(Printed Name)