

AGREEMENT AND ACKNOWLEDGEMENT OF RISK FOR FACULTY, STAFF AND GRADUATE STUDENTS

Traveler's Name:		UM ID (790):	
Travel Dates:		Destination(s):	
Email Address:		Phone Number:	

Travel Risks and Acknowledgement of Risk

1. I acknowledge that I am not required to participate in this travel experience. My decision to participate in this travel is entirely voluntary.
2. I understand that participation in this travel experience involves risks. I recognize that I may be exposed to potential risks including, but not limited to, accident, war, political violence, natural disaster, epidemics, pandemics, sickness, quarantine, terrorism, serious bodily injury or death, crime, property damage and other risks that may not be foreseeable. I understand that the university cannot guarantee my health and safety. I have carefully identified, reviewed, and considered the health and safety risks, including reviewing the [U.S. Department of State Travel Advisory levels](#) and [CDC Travel Health Notices](#), and I assume responsibility for any and all risks associated with my travel. I further acknowledge that if U.S. Department of State and or CDC has issued a [high-risk Travel Advisory/Warning for my destination\(s\)](#), I understand that University of Montana is not responsible for my health and safety and I assume full responsibility for all risks associated should I travel to those high risk areas.
3. When traveling internationally, I understand that I am subject to host country laws. It is my responsibility to familiarize myself with all laws, rules, orders, regulations, and the like that may be applicable to my travel, including, but not limited to, the host country laws, rules and regulations, local public health guidelines, health testing/immunization requirements, self- isolation and/or quarantine requirements, and the import of over-the-counter and prescription medications. I also understand that I must continue to follow all applicable standards of U.S. law and University academic standards including, but not limited to, research guidelines and export control laws. I will abide by all public health and safety measures in the host country or any other country I might need to travel through/to during the program.
4. I recognize that the university does not represent or act as an agent for, and cannot control the acts or omissions of, any non-university program administrator, host family, employer, transportation carrier, hotel, tour organizer or other provider of food, goods, or services involved with the travel experience. I understand that the university is not responsible for matters that are beyond its control, and that it cannot warrant the safety or convenience of the circumstances under which I will be living or working.
5. I acknowledge that constant policy changes by the federal government (such as executive orders or Department of Homeland Security memos) could affect visa eligibility or re-entry requirements mid-trip, leaving travelers vulnerable to unexpected challenges. I understand that the federal policies are outside of the university's control, and therefore it cannot guarantee that travelers will not face unforeseen difficulties.
6. I understand that recently there has been an increased focus on stricter border control, which could lead to longer screening processes, device searches, or interviews, especially for travelers with certain nationalities or research interests.

- I understand that individuals holding visas (H-1B, F-1, J-1, O-1, etc.) may face increased scrutiny or delays when re-entering the U.S., particularly if they traveled to or transited through countries under heightened security or diplomatic strain with the U.S. Travelers seeking visa renewals may also experience longer processing times, resulting in delays in reentering the U.S. It is also important to note that visas are frequently tied to specific institutions or programs of study. Thus, any disruption in travel, employment or study can inadvertently impact legal status.

Health and Safety Terms

- I agree to comply with all University requirements for participating in the program. I understand that I am responsible for managing my own health before, during, and after the travel experience, including any pre-existing conditions or health vulnerabilities and will abide by all guidelines, recommendations, and directives from the University’s Curry Health Center Travel Clinic, another travel health professional, or my primary care physician.
- I understand that if the university learns I am experiencing serious health problems, have suffered an injury, or am otherwise in a situation that raises significant health and safety concerns during the travel experience, then the university may contact any person who I have provided as my “emergency contact” or any family members known to the university. I understand that the university does not ordinarily initiate such contact without first having a discussion with me.
- I agree to maintain required University international insurance for the duration of my international experience. I accept responsibility for obtaining required immunizations and researching health issues in my host location. I understand that it is my responsibility to understand the coverage details of the required University Insurance and that any cost not covered by the University insurance is my responsibility.
- I will consider obtaining University Insurance for any personal/leisure travel before or after my international experience.
- I understand that there is a possibility that I will not be able to leave the travel destination as planned due to transportation disruptions or changes in entry/exit immigration regulations and that I should be ready to shelter in place as, and if, necessary. Sheltering in place includes securing food, water, and shelter; verifying access to funds; and developing a local support network.

Potential Travel Disruptions

I understand that events outside of the University’s control may disrupt the travel experience, and I agree to follow University directives, if any, when such events occur. Such events may include, but are not limited to, political unrest, natural disasters, transportation disruptions, airport closures, changing immigration and entry or exit requirements, changes in local healthcare conditions, increases or changes in [U.S. Department of State Travel Advisory Levels](#), [CDC Travel Health Notices](#), University travel restrictions, and changes in laws, regulations, or public health orders. I understand that I am responsible for any costs associated with such disruptions.

I understand that I am signing a legal document. If I am signing this agreement with an electronic signature, I am performing the same task as though I were signing on paper and hold legal responsibility for signing this document.

Traveler’s Printed Name	Signature	Date