UNIVERSITY OF MICHIGAN
University Travel Restriction Destination Liability Waiver
For Faculty, Staff and Graduate/Professional Students

Name (please print):

UMID:

School/College/Business Unit:

Destination:

Travel Start Date:

Travel End Date:

I understand that the University of Michigan (“University”) has issued a University Travel Restriction for this destination because it has determined that there is an extreme level of risk to the health, safety, and security of University personnel, students, property, or other interests in this destination at this time.

I am aware of the University Travel Restriction and nevertheless desire to travel to this destination. As a condition of my travel, I agree to comply with the University’s International Travel Policy SPG 601.31, as follows:

- To register my travel on the University of Michigan Travel Registry before departure and to endeavor to keep my information correct and updated throughout the duration of this trip.

- Faculty/Staff: To sign in through the University Travel Registry for University approved travel abroad insurance, provided by the University for faculty and staff.

- Graduate/Professional Students: To obtain, or confirm with my program administrator that I have, University approved travel abroad insurance, even if I have other coverage that is also applicable.

- I understand that I am responsible for researching the risks and developing appropriate mitigation strategies, as recommended in the Resources section of the University Travel Warning and Travel Restriction Destinations document.

- I recognize that the University cannot guarantee my safety, and I acknowledge that my decision to travel to this destination may expose me to extreme risks. I understand that I am responsible for my safety and I assume responsibility for all risks associated with my travel.

- I know that I am not required to travel to this destination for any University-related purpose.

- I waive, release, and indemnify the Regents of the University of Michigan, (“University”), and all of its employees and agents from any claim (including financial obligations or liabilities I may incur) that may arise during the above-referenced travel, whether for injury, loss, damage or expense resulting from accident, war, natural disaster, crime, sickness, quarantine, terrorism, or government restrictions and regulations.

I have read this Travel Restriction Destination Liability Waiver. I agree to the terms contained herein and I also accept the consequences of those terms on behalf of my heirs and personal estate. I agree that enforcement of this agreement will be under the laws of the State of Michigan, should any dispute arise.

Signature: ___________________________ Date: __________________

Title: __________________________________________________________________________

*The University encourages you to share your specific travel plans with your emergency contact(s).