UNIVERSITY OF MICHIGAN
University Travel Warning Destination Liability Waiver
For Undergraduate and Graduate/Professional Students

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Name (please print):
UMID:
School/College/Business Unit:
Destination:
Travel Start Date:
Travel End Date:

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I understand that the University of Michigan ("University") has issued a University Travel Warning for this destination because it has determined that there is a significant 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 Warning 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.

- 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 significant 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 Warning 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: ________________

Signature of Parent/Guardian: ______________________________ Date: ________________
(if traveler is under 18 years of age)

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