

EDUCATION ABROAD

Risk Designated Travel Petition – Individual Participant Waiver**International Travel Policy Committee**

The Travel Petition must be submitted by each individual student participating in a group program that already has received approval by the International Travel Policy Committee to travel to a risk designated country.

Petitions should be submitted to Dru Simmons, international risk manager, at simmons.541@osu.edu.

Student Travel Details

Participant Name _____

Email _____

Phone _____

Major _____

Undergraduate Graduate

Credit Hours Completed _____

GPA _____

Program Name and Country _____

Program Dates _____

Rationale for Travel to a Location with a Risk Designation

If applicable, please provide the link(s) to the most recent Department of State Travel Warning for the country(ies) impacted (see <http://travel.state.gov>).

What are your academic or co-curricular reasons for choosing to participate on a program abroad in a country listed with a Department of State Travel Warning or that has another risk designation (300 words or less)?

Agreements and Conditions

- I will enroll in the Department of State Smart Traveler Enrollment Program (STEP) (<https://step.state.gov/step/>)
- I will enroll in the mandatory GeoBlue Supplemental Insurance plan (students participating in programs offered by the Office of International Affairs will be automatically enrolled in the insurance) (<http://oia.osu.edu/preparing-to-depart/health-insurance.html>)
- I will review a Health and Safety materials provided by the Office of International Affairs or the administering unit

- I will attend all pre-departure and in-country orientations offered by staff for the program
- I have read the Centers for Disease Control and Prevention (CDC) "Traveler's Health" information for my country (<http://wwwnc.cdc.gov/travel/destinations/list>)
- I have been advised to have a Travel Medicine Consultation at the Wilce Student Health Center (<http://www.shs.osu.edu/services/immunizations/travel-consultation/>)
- I will respond to any requests for information or status updates from the international risk manager and adhere to the directives of the International Travel Policy Committee

Waiver and Release

I understand there is a U.S. Department of State Travel Warning for _____ (country), the country for which the proposed program will operate. I have read the most recent Travel Warning (travel.state.gov) or other risk designation criteria for _____ and I recognize the inherent risk of traveling to and participating in a program in this country. Despite the Department of State Travel Warning and the concern for faculty, staff and student safety expressed by The Ohio State University, I have decided to seek permission to travel with the program to _____. I understand that the program I am applying for has been approved by the International Travel Policy Committee (ITPC) because of a petition submitted by the program leader(s). I acknowledge that should the conditions of the Travel Warning or other high risk designation change between now and the program start date, or during the midst of the travel experience, the ITPC may reexamine the program and alter its decision to allow student travel to the country.

Participation in this program is not a requirement for any Ohio State degree and I have decided to travel on a program to _____ with full knowledge of the risks involved. I, for myself, my executors, administrators, and assigns, hereby release The Ohio State University and its Board of Trustees, officers, employees, agents, students, programs, and entities (collectively, "Ohio State") from any and all liability for losses, damages, injuries or costs of any kind that may arise out of or be in any way related to my participation in this program, including, but not limited to, those based on negligence.

I understand that this Waiver and Release means that, among other things, I am giving up my right to sue Ohio State for any such losses, damages, or injuries I may incur by virtue of my participation in this program.

I have read this Waiver and Release in its entirety. I fully understand it and agree to be legally bound by it.

Participant Signature: _____

Date: _____

Parent/Guardian Signature: _____
(if participant is under 18 years of age)

Date: _____

To be completed by the International Risk Manager:

This petition is: Recommended for Approval
Approval of IRM: _____

Not Recommended for Approval
Date: _____

