

**Carnegie Mellon University  
Short Term Organized International Travel**

**Participant Agreement, Release and Consent for Treatment (“Agreement”)**

**Section 1**

Trip destination(s): \_\_\_\_\_

Short Term Organized International Travel dates: \_\_\_\_\_

*Note: If your trip involves travel to Iraq, Pakistan or Israel, please contact Risk Management & Insurance at 412-268-3790 or [bcappo@andrew.cmu.edu](mailto:bcappo@andrew.cmu.edu) for further instructions.*

Faculty or staff representative (Group Leader): \_\_\_\_\_

Department name or affiliation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Campus address: \_\_\_\_\_

Purpose of trip:

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**Section 2**

I understand and acknowledge that there are hazards and risks, as well as benefits, inherent in Short Term Organized International Travel (“STO-IT”), including but not limited to the possibility of bodily injury and death. I understand that I must take personal responsibility for my safety, by, among other things, keeping informed of U.S. Department of State travel advisories. I acknowledge that all risks cannot be prevented and I assume the risks associated with STO-IT. I represent that I am able to undertake the physical activities that may be involved with STO-IT and have obtained the required immunizations. I understand that Carnegie Mellon University cannot and does not guarantee my safety.

In consideration of the benefits, I, on behalf of myself, and those acting on my behalf, irrevocably and unconditionally release, waive, and covenant not to sue Carnegie Mellon University, or anyone acting on its behalf, from and against any and all liability for injuries, damages, claims, demands, actions and causes of action related to any loss, damage or injury, including, but not limited to suffering and death, arising from or connected with my STO-IT.

Should I require emergency medical treatment as a result of accident or illness arising during the STO-IT, I consent to such treatment. I acknowledge that Carnegie Mellon does not provide health insurance for STO-IT participants, and I agree to be financially responsible for any medical bills incurred as a result of medical treatment while on STO-IT, including emergency treatment. I will notify the Group Leader in writing if I have medical conditions about which emergency medical personnel should be informed.

The laws of the Commonwealth of Pennsylvania shall apply to this Agreement. If any of the provisions in this Agreement are declared illegal, unenforceable, or ineffective such provisions shall be deemed severable, and all other provisions shall remain valid and binding. I am an adult (18 years of age or older), competent to sign this Agreement (OR I am a minor and my parents/guardians are co-signing in the spaces provided for them below). I am signing this Agreement voluntarily, having read and understood its contents.

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|                    |               |
|--------------------|---------------|
| Full Name, (print) | Date of Birth |
| Signature          | Date          |

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I am the parent/guardian of the minor named above. I am signing this Agreement on behalf of myself, of the minor, and of those acting on our behalf. I am an adult (18 years of age or older), competent to sign this Agreement. I am signing this Agreement voluntarily, having read and understood its contents. If two parents or guardians have custody of the minor, both parents or guardians should sign this Agreement. The signature of only one parent or guardian on the following signature lines constitutes a representation that he or she is the sole parent or guardian with legal custody of the minor.

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|                    |      |
|--------------------|------|
| Full Name, (print) |      |
| Signature          | Date |

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|                    |      |
|--------------------|------|
| Full Name, (print) |      |
| Signature          | Date |

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