

University of Hawai'i

FACULTY/SCHOLAR/ADMINISTRATOR
ACKNOWLEDGEMENT OF RISKS AND RELEASE OF RESPONSIBILITY

Printed Name _____

Campus/ Department _____ / _____

Location(s) and Dates of Travel _____

- I understand that there are certain risks associated with international travel and residence in a foreign country and that the University of Hawai'i and its staff cannot control these risks.
- I understand that these risks may include exposure to potentially serious health and safety hazards such as: transportation accidents; storms, floods, earthquakes, and other natural disasters; infectious diseases, inadequate medical care; remote access to medical treatment; armed insurrections; and terrorist activities.
- I have been advised by the University of Hawai'i that there is an outbreak of Severe Acute Respiratory Syndrome (SARS) in Asia, North America, and Europe, but particularly in mainland China (including Taiwan); Hong Kong; Singapore; Hanoi, Vietnam; and Toronto, Canada. I understand that if I contract SARS it may result in severe illness and/or death.
- I have reviewed and understand the travel advisories posted at the following websites: Centers for Disease Control and Prevention: <http://www.cdc.gov/ncidod/sars> ; World Health Organization <http://www.who.int/csr/sars/en/> ; U.S. Department of State <http://www.travel.state.gov/>.
- I understand that the University of Hawai'i is not in a position to guarantee my personal health or safety during my International travel. I further understand that hospitals and medical facilities in SARS-infected areas may be quarantined or otherwise unavailable such that I may not be able to receive prompt or adequate medical attention.
- Currently, there are no restrictions on entrance into the United States. However, I understand there is a risk that future governmental restrictions may prohibit me from re-entering the United States.
- I have read and understand the above risks and am voluntarily deciding to travel to _____.
- I understand and hereby acknowledge that I assume all risks incurred by my participation in international travel.
- In consideration of being allowed to travel internationally to areas with reported probable cases of SARS, the undersigned hereby releases the University of Hawai'i, its Board of Regents, officers, agents and employees from any and all claims arising out of or in any way connected with any injury, loss or damage suffered by me while participating in an international program sponsored by the University of Hawai'i that includes, but is not limited to, those risks outlined above.

Traveler's Signature: _____ Date: _____

Receipt of this form is acknowledged by: _____
(Name of Department Chair or Dean)

Signature of Department Chair or Dean: _____ Date: _____