



## Unaffiliated Traveler Acknowledgement of Risk

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Montana State University Billings has agreed to allow me to participate in a University Sponsored Travel Program. I have informed Montana State University Billings that I intend to engage in the study/work abroad experience described below:

**Dates of Travel:** \_\_\_\_\_

**Destination(s):** \_\_\_\_\_

**Description of program:** \_\_\_\_\_

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In connection with my trip to the above-referenced destination(s):

1. I have carefully identified, reviewed and considered the risks of travel to my destination(s), including reading the most recent relevant U.S. State Department (“DoS”) information available through <http://travel.state.gov/>.
2. I am aware that travel, study, and work abroad involve risks, hazards and dangers and furthermore that there are risks, hazards and dangers inherent in any international university travel. I understand that the risks involved with my participation in the above-described program include, but are not limited to, theft of or damage to property, the hazards of traveling by air, train, automobile or other conveyance, the possibility of accident or illness in remote places, the exposure to acts of terrorism, war or forces of nature, serious bodily injury, exposure to pathogens and disease, death, and other risks that may not be foreseeable. I understand Montana State University Billings is not responsible for my safety, and I assume full responsibility for all risks associated with my travel. I agree that I am personally responsible for obtaining all health information, medical procedures, immunizations, and medications appropriate to the above-described program for my personal well-being.
3. I acknowledge and understand that while Montana State University Billings strives to sponsor competent and useful international travel, the MUS has not undertaken an independent assessment of the above-described program, and the University does not, and cannot, guarantee the competency of any person associated with the program, the physical condition of any facility or equipment that may be used by me in the course of the program, or the suitability of the program. I acknowledge that I have chosen the above-described program based on my own assessment and that my participation in the program is not required by Montana State University Billings.
4. I know conditions in my destination(s) may change rapidly and I will stay informed of current events on a frequent basis by obtaining updated security and health information



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from, and, whenever practicable, registering with, the nearest U.S. Embassy or Consulate General, and from the DoS website. I will also enroll in the warden system with the U.S. Consulate(s) nearest my destination(s) whenever practicable. If I am not a U.S. citizen, I will register with my home country's Embassy or Consulate and get updated information from the U.S. and my home country's Embassies or Consulates, and the DoS website.

5. I affirm that I have adequate health insurance that will remain in effect and cover any injuries or other health problems sustained during my travel, and that I have registered with the State Department.
6. I affirm that if I am a relative or family member of the group leader or co-leader, I have completed the correct paperwork and received approval from the provost for my participation in this program.
7. I understand that my participation with MSUB programs and with students subjects me to adherence to any applicable standards of behavior, including, for students, the MSUB Code of Conduct. If I am in violation of such standards or codes, as evaluated by MSUB faculty directors and Office of International Studies, I will be dismissed from the program and assume full responsibility and liability for claims filed.
8. I understand that MSUB may collect fees or charges for my participation in the program, and that my participation in this program will, in no way, be reflected as fees to student participants.
9. I affirm that I will submit to a background check at my own expense, unless otherwise indicated by the Office of International Studies.
10. I affirm that I am responsible for risk of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my traveling to or participating in the program described above.
11. I acknowledge that I have read this document and applicable standards of behavior such as MSUB's Code of Conduct and have had the opportunity to ask questions concerning this document before signing, and I agree to be bound by all of the above terms.

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**TRAVELER'S NAME**

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**DATE**

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**TRAVELER'S SIGNATURE**

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**DATE**



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Traveler's Name: \_\_\_\_\_ Leader(s) Name(s): \_\_\_\_\_

Program Dates: \_\_\_\_\_ Program Location(s): \_\_\_\_\_

Please check all that apply to your Relationship/Affiliation to Program and/or Group Leader:

Spouse                  Partner                  Colleague/Professional                  Non-Credit Seeking Student

Child                  Friend                  MSUB Alumni                  Non-MSUB Student

**Respond in short answer to the questions below:**

What is your rationale for participation in the program?

How are you paying for your participation in the program?

Explain how your presence will not take away from the learning outcomes of the course.

Required Signatures for Approval (*Please submit this form to the Office of International Studies for approval from the Executive Director of International Studies*)

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Director of International Studies

Date

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Provost & Vice Chancellor for Academic Affairs  
(if applicable, necessary for family members)

Date