This Assumption of Risk, General Waiver and Release is executed in favor of the Johns Hopkins University, its affiliated organizations, trustees, officers, employees, and agents (hereinafter referred to jointly as JHU).

I, _______________________, am an undergraduate at the Johns Hopkins University in the School of Arts & Sciences/School of Engineering.

I acknowledge that I am over the age of eighteen years. I am participating in an international activity which is organized and sponsored by ___________________________________________________ (faculty sponsor and department, office, student organization, or university sponsor).

I am participating in this international activity from ___________________ to _____________________ (Dates of Attendance) in _____________ (City), Cameroon.

For the purposes of this document, an “international activity” may be defined as study abroad, research, academic projects, internships, field work, conferences, volunteer work or any other international activity funded, sponsored, or endorsed by JHU.

By signing below, I acknowledge that I have read this entire document and agree to the terms below:

I understand that I am not required by JHU to participate in this international activity as a condition of receiving my degree.

I understand that the above-described activities and international travel involve risks not found in activities at JHU. These may include, but may not be limited to, traveling to and within, and returning from, international locations; foreign political, legal, medical, social and economic conditions; different

Do not travel to the North and Far North Regions and parts of the East and Adamawa Regions due to violent crime and terrorist activities. Travel to these regions will require a petition for an exception of the undergraduate travel policy.

https://studyabroad.jhu.edu/jhu-abroad/plan/undergrad-intl-travel/
standards of design, safety and maintenance of building, public places and conveyances; living conditions, social practices, values, and attitude toward foreigners different from those in my home country and culture. I acknowledge that I may be traveling to and from locations that pose risks of terrorism, war, insurrection, or criminal activities.

I represent that I have read and understand the Department of State Country Information Advisory and Centers for Disease Control Recommendations for Cameroon and any other the country (ies) in which my international activity takes place. I acknowledge that I have been informed of these recommendations and that it is my responsibility to comply with these recommendations.

I am aware that Cameroon has been designated as an increased risk location with certain regions designated as high risk locations. Having considered my travel, I knowingly and voluntarily decide to go forward with my travel plans for this international activity.

I have been informed that federal travel advisories for the North and Far North Regions and parts of the East and Adamawa Regions recommend that travelers reconsider non-essential travel to these areas due to terrorism and crime. Violent crime, such as kidnapping, armed robbery, assault, and carjacking, is common within 60 miles of the border with Nigeria’s Adamawa State in the North and Adamawa Regions of Cameroon, the border area with Chad, and the border areas with the Central African Republic. I am aware that the terrorist organization Boko Haram is active in the Far North, North and Adamawa regions. I agree not to travel to these regions.

I am aware that travelers to Cameroon have been victims of all types of crime, including murder, sexual assault, kidnapping, carjacking, burglary, theft, armed robbery, and home invasion. I am aware that assaults on taxi passengers are common. I am aware that security forces stop motorists to conduct vehicle searches and that they may extort bribes.

I am aware that I must have proof of Yellow Fever vaccination to enter and exit Cameroon. I understand that medical facilities in Cameroon do not approach Western standard and services may be nonexistent in rural areas. I am aware that the following diseases are prevalent: malaria, cholera, Dengue fever, yellow fever, meningococcal meningitis, schistosomiasis, polio, tuberculosis, and HIV.

I understand that public transportation in Cameroon is unregulated, unreliable, and unsafe.

Although JHU is funding, sponsoring or endorsing this international activity, I acknowledge that JHU is not responsible for my individual decisions including but not limited to travel or activities outside the scope of my affiliated activity, during my free time, or prior to or after the start of my affiliated activity.

I understand that JHU is does not represent or act as an agent for, and cannot control the acts or omissions of any host, employer, transportation carrier, hotel, tour organizer or other provider of food, goods, or services involved in this international activity. I understand that JHU is not responsible for matters that are beyond its control, and that it cannot warrant the safety or convenience of the circumstances under which I will be living or working.

I am voluntarily accepting the risks associated with participating in this international activity and agree to cooperate with and abide by the guidelines and procedures established by JHU for this international activity. I further acknowledge that neither the University nor any of its employees, agents or students can absolutely guarantee my safety in every situation. I release JHU, if affiliated organizations, trustees,
officers, employees, and agents from all liability for injury, illness, death, monetary loss or property damage resulting from my participation in this international activity, including, without limitation, any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me in connection with an emergency or health problem during my participation.

I understand and agree that if, during my participation in this activity, JHU learns that I am experiencing serious health problems, have suffered an injury, or am otherwise in a situation that raises significant health and safety concerns, JHU may contact my parents and any other person whose name I have provided as my “emergency contact.”

I represent that I am covered for the duration of this international activity and throughout my absence from the United States by a policy of comprehensive health and accident insurance which provides coverage for illnesses or injuries I may sustain or experience while abroad. I understand that JHU assumes no responsibility for or obligation to provide financial assistance or other assistance, in the event of injury, illness, death, accident, monetary loss or property damage.

I am aware that, during my participation in this international activity, I will be enrolled in the Johns Hopkins International Travel Registry.

I agree that this Assumption of Risk, General Waiver and Release Form is to be construed in accordance with the law of the State of Maryland, and that if any portion of this agreement is held invalid by a competent court of jurisdiction, the remainder of the agreement shall continue in full force and effect.

I acknowledge that I have read this entire document and, that in exchange for JHU’s agreement to my participation, I agree to its terms.

Student: Name (please print) _______________________________________

Signature _______________________________________________

Date ____________________________________________________