JOHNS HOPKINS UNIVERSITY
UNDERGRADUATE INTERNATIONAL TRAVEL
ASSUMPTION OF RISK AND GENERAL WAIVER FORM
MOROCCO (2018)

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), Morocco.

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 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 Morocco 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 acknowledge that I have been informed that federal travel advisories for Morocco recommend that
travelers exercise standard travel precautions. To that end, I agree to review the travel advisory and
country information for Morocco, including information on crime and safety. I agree to remain alert in
train stations, crowded tourist areas, and crowded public transportation. I will avoid public
demonstrations. I am aware that crime is a serious concern in major cities and tourist areas. I am aware
that pick-pocketing, purse snatching, and harassment are common, and that criminals often use knives
during street robberies and burglaries. I am aware that women walking alone may be vulnerable to
assault by men. I understand that medical care may not meet Western standards and the medical staff
may speak little or no English. I am aware that traffic accidents are a significant hazard in Morocco.

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 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 _________________________________