JOHNS HOPKINS UNIVERSITY
UNDERGRADUATE INTERNATIONAL TRAVEL
ASSUMPTION OF RISK AND GENERAL WAIVER FORM
PORTUGAL (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), Portugal.

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 Portugal 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 Portugal recommend that travelers exercise standard travel precautions. To that end, I agree to review the travel advisory and country information for Portugal, 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 robberies, burglaries, and assault are common in Portugal’s larger cities, and the visitors are targets for pickpockets, purse-snatchers, and petty thieves.

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 _________________________________________________________________