Proposed Draft

Employee Acknowledgment of Risks in Traveling to
Countries on the State Department's Travel Warning List

I acknowledge that I have read the U.S. State Department Travel Warning regarding travel to _____ (The Indicated Country). I am aware that the State Department may issue additional or more severe warnings and I accept responsibility for keeping myself informed of such changes.

I acknowledge that travel to The Indicated Country involves extraordinary risks as described in the State Department Travel Warning, some of which I may not fully appreciate. I understand that injuries, death, property damage or other harm could occur to me or others. In spite of such information and warnings, I have voluntarily decided to travel to The Indicated Country.

I understand that I am solely responsible for my own safety. I agree to exercise my best judgment and to follow the advice of international intermediaries and other organizers, but I recognize that in spite of such advice, no one, including Purdue University, can guarantee my safety.

I understand I am required to procure Purdue's international travel medical/evacuation insurance coverage as stipulated on Travel Department Travel Form 17. I understand the benefits provided to me as a Purdue University employee as a result of the general terms of my employment, as well as the afore-mentioned insurance coverage as described at http://www.purdue.edu/business/risk_mgmt/pdf/Koster%20Brochure.pdf .

By signing this form, I am not waiving any of the employment related benefits that might apply to me as an employee of Purdue University.

EXECUTED this _____ day of _____, 20_____.

_____ _____

Employee's Signature Employee's Printed Name

Revised 8/08/2011