

**Salt Lake Community College  
FOREIGN TRAVEL WAIVER**

**Program Dates:** \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

**Program Destination City or Cities:** \_\_\_\_\_

**Program Country or Countries:** \_\_\_\_\_

I, the undersigned, understand that I am traveling as part of a Salt Lake Community College (SLCC) Study Abroad or International Experience Program to the destination(s) identified above and for the dates identified above. I certify that I am at least 18 years of age at the time of departure from Salt Lake City.

As a participant in the program, I understand that I will be traveling to a foreign country or multiple foreign countries, and that in any foreign travel opportunity there are inherent risks to my person, my health, and my life. I understand and freely accept that I will be personally and fully responsible for any unexpected accidents or illnesses that may occur or I might experience during, or as a result of my participation in this program. I understand that the health environment of the world is constantly changing and does include, but is not limited to airborne, waterborne, soilborne, and contact transferred diseases like SARS, AIDS, Malaria, etc.

I understand and agree that any host institution in this program will be exempt from all liability and does not accept any responsibility in regards to any SLCC program participant related to accident, injury, or illness.

I further understand and agree to hold Salt Lake Community College and its faculty, employees, agents, and volunteers harmless for any and all risks and liabilities related to and in conjunction with this trip and program. I fully recognize that the College assumes no responsibility for any accident, personal injury, illness, damage, or other loss of any kind en route to and from, or during this program.

By my signature below I certify that I have read this document and understand the intent and meaning of this waiver fully and accept full responsibility as identified in this document.

**PRINTED NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRIMARY INSURANCE COMPANY NAME:** \_\_\_\_\_

**PRIMARY INSURANCE POLICY NUMBER:** \_\_\_\_\_