

**FACULTY, STAFF, POST-DOCTORAL FELLOWS, AND RESEARCH SCIENTISTS'S
ASSUMPTION OF RESPONSIBILITY FORM¹
The University of Kansas**

I, _____ of _____,
(FULL NAME) (SCHOOL/COLLEGE/DEPARTMENT/RESEARCH UNIT)

at my request, have chosen to participate in research that is funded by the _____.
(SCHOOL OR AGENCY NAME)

During the course of this research, I plan travel to the country(ies) of:

1) _____ 2) _____ 3) _____ 4) _____

from _____ to _____.
(START DATE) (END DATE)

I understand that the U.S. Department of State has issued a Level 3 or 4 Travel Advisory for the Location of Travel, a copy of which is attached. I further understand:

- The University recommends that I not undertake this travel and that the University neither requires nor expects me to conduct research in the Location(s) of Travel.
- My decision to travel to the Location(s) of Travel to conduct research is my own voluntary decision, taken without coercion or undue influence.
- I am traveling there only as an exception to University policy, granted by the University at my request.
- I have filed a KU Travel Authorization for this University work (TA Number _____).
- I have reviewed and understand the current Travel Insurance information on the Human Resources Web page – www.humanresources.ku.edu/travel-insurance.
- The University recommends that I visit the Travel Clinic at Watkins Health Services at the University in order to obtain information regarding recommended vaccinations, travel advisories, and health and safety tips for my travel.
- The University recommends that I enroll in the U.S. Department of State Smart Traveler Enrollment Program at <https://step.state.gov/step/>.

I hereby voluntarily assume all risk of injury or death resulting from my participation in this work-related travel, and I fully understand the dangers and hazards of such activity. I understand and agree that:

- It is my responsibility to apprise myself of the risks associated with travel to the Location(s) of Travel, and to take appropriate actions to protect myself.
- I hereby attest that I have read the USDOS (Department of State) Travel Advisory and U.S. Centers for Disease Control and Prevention (CDC) Travel Health Notice for my destination country(ies). I am aware that these agencies may issue additional and/or more severe Advisories and Notices and I accept responsibility for keeping myself informed of such changes. Despite this information, I have voluntarily decided to travel to a location which has given risks as referenced by those agencies. I understand that the University of Kansas cannot guarantee safety or immunity, and that I am responsible for my personal safety.

- I agree to register with the appropriate Consular Section of my Embassy or Consulate upon arrival in the Location(s) of Travel and to enroll in the appropriate warden system to obtain updated information on travel and security in the Location(s) of Travel.

I hereby declare that the terms of this agreement are contractual and not a mere recital. This agreement shall bind me as the signor, my heirs, next of kin, executors, administrators, successors, or assigns and shall inure to the benefit of the parties released, their heirs, next of kin, executors, administrators, successors or assigns.

I agree that should any provision or aspect of this release be found to be unenforceable, all remaining provisions of the release will remain in full force and effect.

I represent that my agreement to the provisions herein is wholly voluntary, and further understand that prior to signing this release, I have the right to consult with the adviser, counselor or attorney of my choice.

I agree that, should there be any dispute concerning my participation in this travel that would require the adjudication of a court of law, venue will lie only in the state and federal courts of the State of Kansas, and the cause of action will be determined by the laws of the State of Kansas.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS AND AGREES WITH ITS TERMS AND CONDITIONS.

IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand this _____ day of _____, 20____.

(TRAVELER'S SIGNATURE) _____ (PRINTED NAME)

Notary Signature

State of _____, County of _____. Subscribed and sworn to before me, a Notary Public within and for the County and State above set out this _____ day of _____, 20____.

Notary Signature _____ My appointment expires _____

Return the completed form to Dr. Charles Bankart, Associate Vice Provost for International Affairs, cbankart@ku.edu. A copy of the completed form will be forwarded electronically to the KU Office of Global Operations & Security.

Attachment: Relevant U.S. Department of State Travel Advisory(ies)

¹ Faculty, staff, research scientists, post-doctoral fellows, and anyone else who may be supervising graduate research in this travel must also acknowledge the required release(s) by any graduate students, who choose to participate in this research, with such participation being entirely voluntary. {L0048501.1 }