Petition to Travel to a Country on the
Department of State Warning List

Assumption of Risk and Waiver

I have voluntarily and freely elected to travel to the country of ________________________ during
(dates) _______________________ in order to participate in research, service exchanges, or other
academic pursuits (hereinafter “travel abroad”).

I am aware that the United States Department of State has issued a Travel Warning for the country of
________________________, and that the Department of State recommends that Americans avoid
travel to this country. I confirm that I have read and understand this Travel Warning and that despite this I
have made the decision to proceed. I recognize that there are risks associated with all international travel.
I further understand and acknowledge that travel to ________________________ at this time exposes me
to risks of a greater likelihood and magnitude than those normally associated with international travel.
These risks include those described within the State Department Travel Warning, as well as risks
associated with ground, air or water transportation, adverse weather conditions, communicable disease,
medical care, substandard building construction or maintenance, civil unrest, terrorism, war, and
negligent or criminal acts of third parties. I understand that should any of these adverse circumstances
occur the result could include bodily injury, death, or property damage. I recognize that University of
Wisconsin-Stout (“UW-Stout”) cannot guarantee my safety.

I understand and acknowledge that this travel abroad is wholly voluntary and that I am not required to
travel to this location in order to satisfy any requirements of UW-Stout. I hereby voluntarily assume full
responsibility for any loss, property damage or personal injury, including death that may be sustained by
me as a result of this travel abroad. I hereby agree to release, indemnify and hold harmless UW-Stout, its
officers, employees, agents and representatives, from any and all claims, demands or causes of action, and
all expenses incidental thereto (including attorney's fees), based upon or arising out of any loss, property
damage or personal injury, including death, caused by or resulting in any way from travel abroad.

With the intent to be legally bound, I acknowledge and represent that I have read this Memorandum of
Understanding / Waiver and Release, that I understand same, and that I voluntarily sign below in order to
demonstrate my agreement with the terms set forth herein, with full knowledge of the possible risks
associated with travel abroad.

__________________________________  __________________________________
Traveler’s Name (Please print or type)      Date

__________________________________  ____________________________
Traveler’s Signature      Date

Copies to:
Provost’s Office
Safety & Risk Management
Petition to Travel to a Country on the Department of State Warning List

Petitioner Form

Students, faculty and staff intending to travel abroad on a University supported initiative to a country on the Department of State’s Travel Warning List (https://travel.state.gov/content/passports/en/alertswarnings.html) are required to submit a proposal and obtain approval for travel to the listed country. Presentation of this proposal to an Appeal Board is required. This board will ultimately make a decision on whether the initiative should move forward. The Appeal Board will consist of at least one member from the following units: Academic and Student Affairs Division, Administrative and Student Life Services Division, the Office of International Education, the Health and Safety Unit and Campus Police. If the petition is approved by the Board, it will then require the Chancellor’s final signature. UW-Stout reserves the right to deny approval, withdraw its approval and/or cancel any programs for health, safety or similar reasons.

Petitioner Name: ___________________________________________

Department (faculty/staff only): ____________________________________________________

E-mail: _________________________________________________________________

Petitioner Is:   □ Admin   □ Faculty   □ Staff   □ Student

Are You Petitioning? □ For Yourself   □ For A Group (Name of Group :________________)

Country You Are Petitioning For: ________________________________________________

On a separate sheet, please explain the following:

- How many students do you estimate will participate (if applicable)?
- What are the proposed dates of travel?
- Is this initiative intended as a one-time event or ongoing?
- What are the compelling academic reasons for the experience in the specific location?
- What alternative sites were considered and why will they not meet academic needs?
- How does the structure of the initiative (including housing and transportation) and safety procedures in place mitigate the concerns of the travel warning?
- Elaborate on your knowledge of the specific travel warning, and why it is not ‘relevant’ to your initiative.

Please print and include a summary of the locations warning from the State Department website- https://travel.state.gov/content/passports/en/alertswarnings.html

*Submit completed form and supporting documentation to the Office of International Education, who will review with the Appeal Board.*
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Reviewer Form

Reviewer’s Name: _________________________________________

Appeal Board:          
☐ Provost, Academic and Student Affairs Division
☐ Administrative and Student Life Services Division
☐ Office of International Education
☐ Health and Safety Unit
☐ Campus Police

Date: ________________________________

Comments: ___________________________________________________________

Recommendation:    
☐ Approved
☐ Denied

Reason for Denial:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

Reviewer’s Signature: _________________________________________
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Summary of Appeal Board Review and Final Approval

Appeal Board Members:

Provost, Academic and Student Affairs Division: _________________________________
Administrative and Student Life Services Division: ________________________________
Office of International Education: ____________________________________________
Health and Safety Unit: ____________________________________________________
Campus Police: ____________________________________________________________

Date of Appeal Board Meeting: ________________________________________________

Summary of Petition Review:

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Chancellor’s Signature: __________________________ Date: __________

If the petition committee (the reviewers listed at the top of this page) deny this petition, and the petitioner travels anyway, such travel is considered to be outside the scope of their employment at UW-Stout. Such travel is not eligible for university funding and is not covered by university insurance.