



TRAVEL WAIVER AND ASSUMPTION OF RISK AGREEMENT: Sponsored Travel Program – ILI Travel. This Agreement is a **legal and binding document**. Please read it carefully before signing.

1. PARTICIPANT INFORMATION

Name: _____

Date of Birth: _____

Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Country/Destination of Travel: _____

Program Dates: _____

2. PARTICIPATION IN PROGRAM

I, the undersigned, listed above, voluntarily consent to participation in the travel program (the “**Program**”) sponsored by **ILI Travel**.

For purposes of this Agreement, **ILI Travel** includes its trustees, officers, employees, volunteers, agents, participating organizations, students, and representatives.

The Program may include travel within or outside the United States and may include educational activities, community service, cultural activities, transportation, lodging, and related travel experiences.

3. ASSUMPTION OF RISK

I understand and acknowledge that participation in travel programs involves inherent risks, including but not limited to:

- Illness, injury, or death resulting from accidents or environmental conditions
- Travel-related risks including transportation accidents
- Exposure to crime, terrorism, civil unrest, or government actions
- Loss or theft of personal property

- Natural disasters or extreme weather events
- Program delays, cancellations, or alterations

I voluntarily assume **all risks associated with participation in the Program**, whether known or unknown.

4. THIRD-PARTY SERVICES

I understand that ILI Travel may utilize **third-party service providers**, including transportation companies, lodging providers, guides, and activity providers.

ILI Travel **is not responsible for the acts or omissions of such third parties** and does not guarantee the safety or performance of their services.

5. PARTICIPANT RESPONSIBILITIES

I agree to:

- Inform myself about travel conditions and safety recommendations, including reviewing guidance from the

- U.S. Department of State and the Centers for Disease Control and Prevention
- Follow all rules, policies, and instructions provided by ILI Travel staff
- Conduct myself responsibly and avoid unsafe activities

I understand that failure to follow Program rules may result in **dismissal from the Program at my own expense**.

6. MEDICAL AUTHORIZATION

In the event of a medical emergency, I authorize ILI Travel and its representatives to **obtain emergency medical treatment** for the Participant if necessary.

7. RELEASE OF LIABILITY

In consideration of being permitted to participate in the Program, I, on behalf of myself and my heirs, representatives, executors, administrators, and assigns, **hereby release and forever discharge ILI Travel** from any and all claims, demands, or causes of action arising out of or related to participation in the Program.

This release includes claims for: Personal injury, Illness, Property damage, Financial loss, Death, including those caused by **the ordinary negligence of ILI Travel**, to the fullest extent permitted by law.

8. INDEMNIFICATION

I agree to **indemnify and hold harmless ILI Travel** from any claims, damages, losses, or expenses arising out of participation in the Program.

SIGNATURES

Participant Printed Name: _____

Participant Signature (if 18 or older): _____

Date: _____

9. COMMUNICABLE DISEASE ACKNOWLEDGEMENT

I understand that travel may involve exposure to communicable diseases, including but not limited to COVID-19. By signing this Agreement, I acknowledge that participation in the Program may expose the Participant to such risks and I voluntarily accept those risks.

I agree to comply with any **public health guidelines, quarantine requirements, or safety protocols** implemented by ILI Travel or government authorities.

If a Participant becomes ill or is required to quarantine, **all related travel or accommodation costs will be the responsibility of the Participant**.

10. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the **Commonwealth of Pennsylvania**.

If any provision of this Agreement is determined to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

11. ACKNOWLEDGEMENT

By signing below, I acknowledge that:

- I have **read this Agreement carefully**
- I **fully understand its contents**
- I **voluntarily agree to its terms**
- I understand that this document **limits my legal rights**

Date: _____

NOTARY ACKNOWLEDGMENT

Commonwealth/State of _____

County of _____

On this _____ day of _____, **20**____, before me, the undersigned Notary Public,
personally appeared:

who proved to me through satisfactory evidence of identification to be the person(s) whose name(s) is/are
signed above and acknowledged that they executed this document for the purposes stated herein.

Notary Public Signature: _____

Printed Name of Notary: _____

My Commission Expires: _____

Seal: