

**INTERNATIONAL TRAVEL RELEASE, HOLD HARMLESS, AND INDEMNITY
AGREEMENT FOR INTERNATIONAL TRAVEL
INCLUDING TO AREA WITH U.S. STATE DEPARTMENT TRAVEL WARNING
FOR GUESTS TRAVELING WITH A UNIVERSITY TRAVELER**

Each guest traveling with a university traveler is required to sign a separate Form T-4G travel release.

Individual Traveling: _____

Please be advised that the details below must match the data on the university traveler's Form T-4.

Destination(s): _____ *Employee's Travel Trip #: _____

***Enter the university traveler's 10-digit trip number beginning with either 73000xxxxx or 2014xxxxxx.**

Date of Departure: _____ Date of Return: _____ # of Non-business Days: _____

Department Contact Person: _____ Phone #: _____

I have requested and voluntarily choose to participate in the Texas State University travel to the destination above ("Travel") during the dates specified. In consideration for Texas State University ("the University") funding and/or facilitating the Travel, I (for myself, my heirs, executors, and administrators) **HEREBY RELEASE, HOLD HARMLESS, DISCHARGE, AND OTHERWISE AGREE TO INDEMNIFY** the University, the Texas State University System, their regents, employees, agents, and volunteers (collectively, "the Released Parties") **from and for any claims, demands, liability, lawsuits, injuries (including death), property damage, attorney's fees, expenses, costs, causes of action, judgments, or awards of any kind or character ("Loss") that may accrue, arise, or otherwise exist because of my travel and participation in the Travel.** I intend this release to include any Loss sustained by a third party through whom or on behalf of whom (or whose estate) I may assert a claim, lawsuit, or cause of action.

I understand and agree that this **RELEASE, HOLD HARMLESS, AND INDEMNITY AGREEMENT EXPRESSLY RELEASES, HOLDS HARMLESS, AND CONTRACTUALLY BINDS ME TO INDEMNIFY** (i.e., reimburse the Released Parties for any Loss they may sustain, resulting from a claim by a third party) and **OTHERWISE EXONERATES THE RELEASED PARTIES FROM THE CONSEQUENCES OF THEIR OWN NEGLIGENCE, WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTING CAUSE OF MY LOSS.** I intend this release, hold harmless and indemnity to be as broad and comprehensive as possible as I do not desire that the Released Parties have any liability, directly to me, my spouse (if any), my child (if any), or indirectly to any medical provider or insurer, arising from my participation in the travel.

ASSUMPTION OF RISK

*My participation in this Travel is voluntary. I understand that, through this Travel, I will spend time in the aforementioned destination, an area that has been or may be designated as having a **Travel Warning** by the U.S. State Department. I have been put on notice that such designation means that this area may include an unstable government, civil war, ongoing intense crime or violence, and/or frequent terrorist attacks, and may be hostile to visitors from the United States. I understand that my participation includes a risk of personal injury, property damage, death or other Loss as described above. I hereby acknowledge that the U.S. State Department provides travel advisories at <http://travel.state.gov/content/passports/english/alertswarnings.html>. I have been advised to view alerts and warnings prior to and during my travel so that I can remain aware of any necessary safety precautions. I am electing to participate and travel at my own risk. On behalf of myself, my heirs, executors and administrators, **I VOLUNTARILY ASSUME ANY AND ALL RISK OF LOSS AS DEFINED AND DESCRIBED IN THE ABOVE RELEASE, HOLD HARMLESS AND INDEMNITY AGREEMENT.***

By signing below, I REPRESENT that I am OVER THE AGE OF 18, I have read and understood what is written above, and that I VOLUNTARILY bind myself to the Conditions stated herein.

Signed on this the _____ day of _____, 20_____.

Signature

Printed Name

Permanent Address