

**SUPPLEMENTAL
COLLEGE OF CHARLESTON STUDENT LIABILITY WAIVER, CONSENT, AND
RELEASE AGREEMENT**

(International Travel)

**I, THE UNDERSIGNED, BEING EIGHTEEN YEARS OF AGE OR OLDER, ,
HEREBY WAIVE LIABILITY, CONSENT AND AGREE AS FOLLOWS:**

I have been advised by the Center for International Education that the Centers for Disease Control (CDC) and/or the U.S. Department of State have issued a Travel Advisory with a Level 3 or higher to my host country or a local region within my host country where I am currently studying. I have read and understand the Travel Advisory and have voluntarily chosen to remain at my current location, despite warning and notice. For the remainder of my official program of study I agree to closely monitor the safety and security situation in the Country or local region within that host country through available resources (e.g. <http://www.travel.state.gov/> (DOS) or <https://www.cdc.gov/> (CDC) on at least a daily basis and shall follow their recommendations. I understand that it is my sole obligation to know the risks associated with remaining in the Program while my host Country or local region within the host country, that has a Level 3 or higher Travel Advisory as issued by DOS and/or CDC.

The College of Charleston, including its Board of Trustees, officers, employees and agents are not responsible for my health, welfare, safety or security while I am domiciled in or traveling within or to/from the host Country or local region within that host country, and I also understand and accept that any insurance policies provided through the College and other entities likely do not apply or provide any coverage in locations for which a Travel Advisory Level 3 or higher exists.

I knowingly acknowledge that I could possibly sustain injuries and be exposed to diseases, epidemics, COVID-19 or other deadly viruses, unknown dangers and high-risk conditions that ordinarily would not be part of the planned Program, which could result in death or disability. I fully understand and appreciate both the known and potential dangers of remaining in my current host country and region and acknowledge that such activities and continued domicile here on my part, despite being warned, may result in serious injuries, disease, epidemic exposure, medical conditions, serious illness, permanent physical and/or mental impairment, possible assault, quarantine requirements and potential death. I also further understand that I may be subject to travel bans in my host country and may not have access to needed medical and/or hospital treatment and health interventions.

**I AM KNOWINGLY AND VOLUNTARILY ASSUMING FULL AND COMPLETE
RESPONSIBILITY FOR MY ACTIVITIES AND ALL RISKS RELATED THERETO,
ALONG WITH ANY AND ALL CONSEQUENCES THAT I MAY SUFFER, BOTH
KNOWN AND UNKNOWN, FORSEEN AND UNFORSEEN, AS A RESULT OF MY**

REMAINING IN MY HOST COUNTRY ABROAD AND ANY TRAVEL EITHER WITHIN THIS COUNTRY, REGION OR ELSEWHERE, BEYOND THE BORDERS OF THE USA. I SPECIFICALLY ASSUME ALL RISKS AND LIABILITY ASSOCIATED WITH THESE ACTIVITIES, ALONG WITH ALL OTHER ACTIVITIES RELATED OR INCIDENTAL THERETO.

BY SIGNING THIS DOCUMENT, WHICH I AM AWARE IS A LEGALLY BINDING FULL LIABILITY WAIVER, CONSENT, AND RELEASE, IT IS MY INTENT TO RELEASE, DISCHARGE, AND FOREVER WAIVE ALL RIGHTS TO MAKE LEGAL CLAIMS OF ANY NATURE AGAINST AND/OR SUE THE COLLEGE OF CHARLESTON, ITS AGENTS, OFFICERS, TRUSTEES, SERVANTS, EMPLOYEES, AND REPRESENTATIVES FOR DAMAGES REGARDING INJURIES OR CLAIMS OF ANY TYPE OR NATURE WHATSOEVER, ACTUALLY OR POTENTIALLY SUSTAINED, BECAUSE OF SUCH CONTINUED PRESENCE IN MY HOST COUNTRY AND ANY TRAVEL AND/OR RELATED OR INCIDENTAL ACTIVITIES OF ANY TYPE. IT IS MY INTENTION TO FOREVER AND FULLY RELEASE THE COLLEGE OF CHARLESTON, ITS BOARD OF TRUSTEES, AGENTS, OFFICERS, SERVANTS, EMPLOYEES, AND REPRESENTATIVES FROM ANY AND ALL LIABILITY, CLAIMS OR DAMAGES RELATING TO ME, MY FAMILY MEMBERS, MY SPOUSE, MY AGENTS, MY HEIRS, ASSIGNS, AND PERSONAL REPRESENTATIVES, AS A RESULT OF OR RELATED IN ANY WAY TO MY CONTINUED PRESENCE AND/OR DOMICILE IN MY CURRENT HOST COUNTRY/REGION AND ANY TRAVEL OR PARTICIPATION IN ANY OTHER INCIDENTAL ACTIVITIES RELATED IN ANY WAY TO THIS CONTINUED PRESENCE OR TRAVEL.

Agreed to:

(Signature) _____ Date: _____

Print Name of Student: _____

Permanent Street Address: _____

City, State, Zip: _____

Telephone No.: _____

COLLEGE Email address: _____