

DARTMOUTH COLLEGE TRAVEL RISK POLICY

[REVISED: 5/05]

I. Introduction

All members of the Dartmouth community should be able to make well-informed travel decisions, and no one should be coerced or required to travel to locales where there are significantly heightened health or safety risks.

The following guidelines set forth the definitions of Dartmouth Travel covered by this Policy, the various levels and types of warnings which can have an affect on Dartmouth Travel, and the policies that apply to Dartmouth Travel.

II. Defining Dartmouth Travel

“Dartmouth Travel” is defined as: Travel by any member of the Dartmouth community related to any program or activity that is: 1) required or run by Dartmouth or 2) financially supported through any Dartmouth account.

Any member of the Dartmouth community (faculty, staff and students) who travels solely for personal reasons and without financial support by Dartmouth (i.e., without funding through any Dartmouth account) is not subject to Dartmouth’s travel policy. Individual discretion governs decisions regarding such personal travel.

Faculty, staff and students who combine Dartmouth Travel with travel for personal reasons must sign Dartmouth’s Travel Form, but may use their individual discretion regarding personal travel to areas where a Travel Warning has been issued by the United States Department of State.

III. Information about Travel

There is a variety of resources available for members of the Dartmouth Community for assessing risk associated with travel abroad, including information from the Department of State (DoS), the Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO). Prior to traveling, members of the Dartmouth community are urged to check the DoS, CDC and WHO web pages for current information about their destination(s).

Community members who are engaging in Dartmouth Travel, as defined above, may be required to complete a Travel Form, acknowledging the risk associated with the proposed travel.

In addition, Dartmouth participates in International SOS (ISOS), which can provide a variety of resources to those traveling abroad if the traveler registered prior to departing. Information on ISOS can be found on the Office of Integrated Risk Management and Insurance web page.

IV. Travel Policies for Dartmouth Travel

A. DoS Public Announcements and/or General CDC/WHO Advice (without advice to not travel):

No restrictions apply to Dartmouth Travel these locales.

B. CDC/WHO Advice Not To Travel:

1. Dartmouth urges all members of the Dartmouth community to heed CDC/WHO Advice Not to Travel and not travel to these locales, but faculty, staff and students are free to make their own informed decisions.
2. No one may be required or coerced to travel (e.g., by a faculty member, supervisor or advisor) to an area with a CDC/WHO Advice Not to Travel.

Care should be taken to avoid suggesting that a subordinate employee or student travel to such an area, to avoid creating the impression that the employee or student has been forced or coerced into traveling to the location.

3. If a member of the Dartmouth community decides to travel to such an area under circumstances meeting the definition of Dartmouth Travel, the individual must sign the appropriate Travel Form before departure, acknowledging the risk and personal responsibility for their decision to travel.
4. Students who travel to such an area under circumstances meeting the definition of Dartmouth Travel must also not travel to or through areas with DoS Travel Warnings.
5. Parents or guardians of undergraduate students must also sign the Dartmouth Student Travel form (to confirm discussion of risks; and if the student is under 18, parents or guardians to provide consent to the travel.)

C. DoS Travel Warning:

1. Dartmouth strongly urges Dartmouth faculty, staff and students to fully understand the risks and not travel to locations where the Department of State has issued a Travel Warning.
2. No one may be required or coerced (e.g., by a faculty member, supervisor, or advisor) to travel to an area with a Travel Warning. If a faculty member, supervisor or advisor becomes aware of an employee or student considering travel or planning to travel to an area with a Travel Warning, he or she should contact the Provost Office.
3. Unless a waiver is granted in a specific case (as described below) Dartmouth

will not approve or financially support (through any Dartmouth account) travel to areas where a Travel Warning has been issued.

4. Waivers of Policy Available in Extraordinary Circumstances: Where extraordinary circumstances warrant, a waiver may be granted, allowing the faculty member, staff members or student is to travel to an area with a Travel Warning with funding from Dartmouth. The following decision-makers are responsible for granting waivers:
 - a. Faculty and Academic Staff: Provost, with recommendation from the Vice Provost for Research or the applicable School Dean.
 - b. Graduate Student: Provost, with recommendation from the dean from the student's school.
 - c. Undergraduate Student: Provost, , after consultation with appropriate individuals. Please note: Waivers will not normally be granted for students who wish to travel to areas where a Travel Warning has been posted, even in situations where the inability to travel to a particular area will disrupt a student's academic plans and may result in a delay in completing degree requirements.
 - d. Administrative Staff: Executive Vice President, with recommendation from the Vice President for Human Resources.

The Office of General Counsel is available to serve in an advisory role to all of the above. Dartmouth Health Services may be a useful resource if a waiver is being considered.

V. Additional Information

Please refer to Dartmouth's emergency and travel web sites for information about planning for travel, the risks of travel, and ways to avoid or better handle emergencies. Information on these issues, as well as business travel insurance , foreign liability

coverage, and International SOS, are available on Dartmouth's Office of Integrated Risk Management website: <http://www.dartmouth.edu/~rmi/travel/>. To find out more about availability and access to your regular medical benefits and life insurance, contact the Office of Human Resources.

Other references and resources regarding travel include the following:

1. CDC web site: <http://www.cdc.gov>
2. DoS web site: <http://travel.state.gov/>
3. WHO web site: <http://www.who.int/>
4. ISOS web site: <http://www.internationalsos.com>

FACULTY AND STAFF TRAVEL FORM

For travel to areas where the CDC or WHO have issued "Advice Not to Travel"

Traveler's Name: _____

Department: _____

Dates of Trip/Destination(s): _____

Attach Itinerary (include modes of transportation to, within and from destination(s), hotels/housing, and schedule). In connection with my trip to the above-referenced destination(s):

- 1. I have carefully identified, reviewed and considered the risks of travel to my destination(s), including by reading the most recent relevant U.S. State Department ("DoS"), Centers for Disease Control ("CDC"), and World Health Organization ("WHO") Travel Warning(s) available through <http://travel.state.gov/>, <http://www.cdc.gov>, <http://www.who.int.html>, as well as the Dartmouth College Travel Policy. I understand that my proposed travel will take me through areas where the CDC and the WHO have issued **Advice Not to Travel**.
- 3. I know that I am not required or encouraged to travel and in fact, Dartmouth has urged me to not travel, to my destination(s).
- 4. I have registered with International SOS through the Office of Institutional Risk Management and Insurance.
- 5. I hereby release, waive, discharge and covenant not to sue Dartmouth College, its trustees, officers, servants, agents and employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while traveling to the destination described above. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my traveling to the destination described above. I further hereby agree to indemnify and save and hold harmless the releasees and each of them, from any loss, liability, damage or costs they may arise from my travels. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees.
- 6. I know conditions in my destination(s) may change rapidly and will stay informed of current events on a frequent, at least daily, basis by obtaining updated security and health information from, and registering with, the nearest U.S. Embassy or Consulate General (see Consular Information Sheets for contacts), and from the DoS, CDC and WHO websites. I will also enroll in the warden system with the U.S. Consulate(s) nearest my destination(s). If I am not a U.S. citizen, I will register with my home country's Embassy or Consulate and get updated information from the U.S. and my home country's Embassies or Consulates, and the DoS, CDC and WHO websites.

TRAVELER'S SIGNATURE

DATE

COMPLETED FORMS SHOULD BE RETURNED TO THE OFFICE OF INTEGRATED RISK MANAGEMENT AND INSURANCE

FACULTY AND STAFF TRAVEL FORM

For travel to areas where the Department of State has issued a "Travel Warning"

Traveler's Name: _____

Department: _____

Dates of Trip/Destination(s): _____

Attach Itinerary (include modes of transportation to, within and from destination(s), hotels/housing, and schedule). In connection with my trip to the above-referenced destination(s):

- 1. I have carefully identified, reviewed and considered the risks of travel to my destination(s), including by reading the most recent relevant U.S. State Department ("DoS"), Centers for Disease Control ("CDC"), and World Health Organization ("WHO") Travel Warning(s) available through <http://travel.state.gov/>, <http://www.cdc.gov>, <http://www.who.int.html>, as well as the Dartmouth College Travel Policy. I understand that my proposed travel will take me through areas where the Department of State has issued a **Travel Warning**.
- 3. I know that I am not required or encouraged to travel and in fact, Dartmouth has urged me to not travel, to my destination(s).
- 4. I have registered with International SOS through the Office of Institutional Risk Management and Insurance.
- 5. I hereby release, waive, discharge and covenant not to sue Dartmouth College, its trustees, officers, servants, agents and employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while traveling to the destination described above. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my traveling to the destination described above. I further hereby agree to indemnify and save and hold harmless the releasees and each of them, from any loss, liability, damage or costs they may arise from my travels. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees.
- 6. I know conditions in my destination(s) may change rapidly and will stay informed of current events on a frequent, at least daily, basis by obtaining updated security and health information from, and registering with, the nearest U.S. Embassy or Consulate General (see Consular Information Sheets for contacts), and from the DoS, CDC and WHO websites. I will also enroll in the warden system with the U.S. Consulate(s) nearest my destination(s). If I am not a U.S. citizen, I will register with my home country's Embassy or Consulate and get updated information from the U.S. and my home country's Embassies or Consulates, and the DoS, CDC and WHO websites.

TRAVELER'S SIGNATURE

DATE

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STUDENT TRAVEL FORM

(To be completed for travel to areas where the CDC or WHO have issued “Advice Not to Travel”)

Traveler’s Name: _____

College/School: _____

Dates of Travel: _____

Destination(s): _____

Host College/University: _____

Attach itinerary (include modes of transportation to, within and from destination(s), hotels/housing, and schedule). In connection with my trip to the above-referenced destination(s):

1. I have carefully identified, reviewed and considered the risks of travel to my destination(s), including reading the most recent relevant U.S. State Department (“DoS”), Centers for Disease Control (“CDC”), and World Health Organization (“WHO”) Travel Warning(s) available through <http://travel.state.gov/>, <http://www.cdc.gov>, <http://www.who.int.html>, as well as the Dartmouth College Travel Policy. I understand that my proposed travel will take me through areas where the CDC and the WHO have issued **Advice Not to Travel**.
2. I acknowledge that I am voluntarily participating in the travel described above. I also acknowledge that my participation in this travel may expose me to significant risks, including but not limited to terrorism, war, serious bodily injury or death, property damage, and other risks that may not be foreseeable. I understand that Dartmouth College is not responsible for my safety and I assume full responsibility for all risks associated with my travel.
3. I know that I am not required or encouraged to travel and, in fact, Dartmouth College has urged me to not travel to my destination(s).
4. I have registered with International SOS through the Office of Integrated Risk Management and Insurance.
5. I know conditions in my destination(s) may change rapidly and I will stay informed of current events on a frequent, at least daily, basis by obtaining updated security and health information from, and registering with, the nearest U.S. Embassy or Consulate General (see Travel Warning for contacts), and from the DoS website. I will also enroll in the warden system with the U.S. Consulate(s) nearest my destination(s). If I am not a U.S. citizen, I will register with my home country’s Embassy or Consulate and get updated information from the U.S. and my home country’s Embassies or Consulates, and the DoS website.
6. I hereby acknowledge that I have discussed my travel with at least one of my parents, or my legal guardian, if applicable, who has also read and signed this form as indicated below.

7. **WAIVER AND RELEASE OF CLAIMS.** I hereby release, waive, discharge and covenant not to sue Dartmouth College, its trustees, officers, agents or employees (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while traveling to the destination(s) described above. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my traveling to the destination(s) described above. I further hereby agree to indemnify and save and hold harmless the Releasees and each of them, from any loss, liability, damage or costs they may incur as a result of my travels. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named Releasees.

TRAVELER'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE

PARENT'S NAME/ADDRESS/PHONE/E-MAIL:

If Student is under age 18 at any time during the proposed travel, the student's parent or legal guardian must sign below providing permission for the student to travel and confirming the waiver of claims set forth in Paragraph 7 above.

I give permission for _____ to travel under the terms set forth above and explicitly join in the waiver set forth in Paragraph 7, releasing Dartmouth College from any liability associated with the travel.

PARENT'S SIGNATURE

DATE

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STUDENT TRAVEL FORM

(To be completed for travel to areas where the Department of State has issued a "Travel Warning")

Traveler's Name: _____

College/School: _____

Dates of Travel: _____

Destination(s): _____

Host College/University: _____

Attach itinerary (include modes of transportation to, within and from destination(s), hotels/housing, and schedule). In connection with my trip to the above-referenced destination(s):

1. I have carefully identified, reviewed and considered the risks of travel to my destination(s), including reading the most recent relevant U.S. State Department ("DoS"), Centers for Disease Control ("CDC"), and World Health Organization ("WHO") Travel Warning(s) available through <http://travel.state.gov/>, <http://www.cdc.gov>, <http://www.who.int.html>, as well as the Dartmouth College Travel Policy. I understand that my proposed travel will take me through areas where the Department of State has issued a **Travel Warning**.
2. I acknowledge that I am voluntarily participating in the travel described above. I also acknowledge that my participation in this travel may expose me to significant risks, including but not limited to terrorism, war, serious bodily injury or death, property damage, and other risks that may not be foreseeable. I understand that Dartmouth College is not responsible for my safety and I assume full responsibility for all risks associated with my travel.
3. I know that I am not required or encouraged to travel and, in fact, Dartmouth College has urged me to not travel to my destination(s).
4. I have registered with International SOS through the Office of Integrated Risk Management and Insurance.
5. I know conditions in my destination(s) may change rapidly and I will stay informed of current events on a frequent, at least daily, basis by obtaining updated security and health information from, and registering with, the nearest U.S. Embassy or Consulate General (see Travel Warning for contacts), and from the DoS website. I will also enroll in the warden system with the U.S. Consulate(s) nearest my destination(s). If I am not a U.S. citizen, I will register with my home country's Embassy or Consulate and get updated information from the U.S. and my home country's Embassies or Consulates, and the DoS website.
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PARENT'S SIGNATURE

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