

## Checklist and Risk Acknowledgement for International Travel by Members of the MIT Community In Connection with MIT Sponsored Programs

In anticipation of traveling in connection with MIT's \_\_\_\_\_ Program/Office ("Activity"), I \_\_\_\_\_ acknowledge by signing below that I have done the following:

- Reviewed the MIT Emergency website and Travel Risk Policy. (<http://web.mit.edu/emergency/>)/ ([http://web.mit.edu/emergency/travel\\_policy.html](http://web.mit.edu/emergency/travel_policy.html))
- Reviewed the U.S. Department of State website for travel warnings, advisories, and consular information sheets for my intended destination. (<http://travel.state.gov/>)
- Reviewed the U.S. Center for Disease Control and Prevention website for information on traveler's health issues and obtained the recommended vaccinations for travel to particular area or country. (<http://www.cdc.gov/>)
- Reviewed the World Health Organization website for information on disease outbreaks and emergencies. (<http://www.who.int/en/>)
- Reviewed the International Association for Medical Assistance to Travelers website. (<http://www.iamat.org/>)
- Provided the sponsoring MIT office/program with my emergency contact information (through the MIT-Horizons website: <https://mit-horizons.symplicity.com/>).
- Provided a copy of my passport and visa (if applicable) to a responsible party at MIT (through the MIT-Horizons website: <https://mit-horizons.symplicity.com/>).
- Understand that MIT Campus Police are available 24 hours a day, and can be contacted in case of emergency at (617) 253-1212.
- Understand that insurance is required, including medical evacuation and repatriation coverage. Confirmed that I have adequate insurance to cover any medical assistance and can provide proof of insurance.
- If I will be abroad for more than two weeks, I understand that I can register with my home country embassy located in the country I am visiting. This can be done by phone or in person.

I fully recognize that there are dangers and risks to which I may be exposed by participating in this Activity. I understand that MIT does not require me to participate in this Activity, but I want to do so despite the possible dangers and risks and despite this Risk Acknowledgement. With informed consent, and for consideration received including assistance provided by MIT, I agree to take on myself all of the risks and responsibilities in any way arising from or associated with this Activity. I agree that this Risk Acknowledgement shall be governed for all purposes by Massachusetts law, without regard to such law on choice of law.

**I have read and fully understood this document. I acknowledge that I have had the opportunity to review this document with an advisor of my choosing, and I agree to be legally bound by it.**

\_\_\_\_\_  
(Participant's Signature and date)

\_\_\_\_\_  
(Parent's Signature, if participant is minor and date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)