

**MINNESOTA STATE COLLEGES AND UNIVERSITIES**  
Minnesota State University Moorhead  
**Employee Acknowledgment of  
International Travel Risks and Responsibilities**

**Complete this form for international travel (System Procedure 5.19.3, Part 10. International Travel) and include the approved form with your Spend Authorization.**

Employee Name and Title: \_\_\_\_\_  
Department: \_\_\_\_\_  
Employee Email Address: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

As part of my assigned duties, Minnesota State University Moorhead has authorized my travel to the following countries:

during the approximate dates of: \_\_\_\_\_ through \_\_\_\_\_.

I agree to promptly inform the designated school official of any change in my travel plans. I understand this travel is subject to applicable system policies and procedures including, but not limited to: 1C.0.1. *Employee Code of Conduct*: (<http://www.mnscu.edu/board/procedure/1c0p1.html>), and 5.19.3, *Travel Management* (<http://www.mnscu.edu/board/procedure/519p3.html>), as well as any applicable campus policies and procedures. In consideration for the opportunity to participate in or lead this international activity, I understand and agree to the following:

**1. Insurance and Health Factors**

A. I understand that international health insurance with medical evacuation and repatriation coverage is available to me through the state's risk management division for any system international travel. If approved for travel to a destination that is under a U.S. State Department travel warning or alert pursuant to System Procedure 5.19.3, Part 10, Subp.D, I will be required to obtain such insurance, the cost of which will be borne by the college/university/office of the chancellor. I am responsible for the cost of any optional insurance that I may elect to purchase, unless a reimbursable expense under the applicable collective bargaining agreement or personnel plan, and for the cost of any health care not covered by my insurance.

B. If in the course of my international travel, the college or university should determine in its good faith judgment that the health, safety or welfare of myself or others, or the integrity of the activity, is jeopardized by my health condition, I agree to withdraw from the activity and understand that a decision to remain against the college or university's advice is at my own risk and that I would be responsible for making any needed travel arrangements.

**2. Travel Risks**

A. I understand that I may not travel to countries that are under a U.S. State Department travel warning unless I have been granted permission in advance to do so by the MnSCU Vice Chancellor for Finance pursuant to System Procedure 5.19.3, Part 10, Subp.D (<http://www.mnscu.edu/board/procedure/519p3.html>). In the event such approval is granted, I understand and acknowledge that such permission is neither an endorsement nor an assurance of the advisability or safety of such travel. I acknowledge that I have read and understand the risks described in the U.S. Department of State Travel Warning or Advisory, covering the country(s) to which I intend to travel.

B. I understand that there are unavoidable risks in international travel:

- I acknowledge that I may access information on websites for U.S. Consulates, as well as the Centers for Disease Control and other resources available to me regarding travel to, in, and around my travel destinations;
- That I am aware of and understand the risks and dangers to my health and personal safety posed by the use of public transportation to, from and in my travel destinations; by domestic or international terrorism; and by civil unrest, political instability, crime, violence, disease and public health conditions in my site country; and
- I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks that could arise out of or occur during my travel to, from, in, or around my travel destinations.

C. I understand that political, social, and/or public health circumstances can change quickly in a country and that it may be necessary for the college or university to suspend system travel. See, for example, System Procedure 1A.10.1 Part 4, Subp. E *Long-Term Emergency Management* (<http://www.mnscu.edu/board/procedure/1a10p1.html>).

D. If I decide to undertake personal travel or optional activities while abroad, then I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, release the state of Minnesota, Minnesota State Colleges and Universities, and my college/university, its employees, agents, and representatives from any and all liability whatsoever for damages, losses, or injuries (including death) that I may sustain to my person or property, arising out of, resulting from, or occurring during such international travel experience or any travel incident thereto, except where such damage, loss or injury is the result of the intentional or reckless conduct of the state of Minnesota, Minnesota State Colleges and Universities, my college/university, or its employees, agents, or representatives.

### 3. Medical Authorization

A. I authorize the college or university and its agents to secure medical treatment on my behalf in the event of a health emergency, and I accept financial responsibility for such medical treatment.

B. I authorize the college or university and its agents to release medical information obtained by me to my program, insurance company or a care provider in the event of a health emergency or as needed to provide reasonable accommodations.

**I HAVE CAREFULLY READ THIS DOCUMENT AND ACCEPT EACH OF THE ABOVE RESPONSIBILITIES OR CONDITIONS AND VOLUNTARILY SIGN THE AUTHORIZATION FOR MEDICAL TREATMENT.**

Signed By: \_\_\_\_\_

Date: \_\_\_\_\_

**Attach this signed form to your Spend Authorization. The original form will be kept on file in Human Resources and a copy will be returned to you.**