

International Business Travel Release Form

Traveler Information

Full Name

Department

Position/Title

Work Email

Contact Number

Travel Details

Destination Country/City

Purpose of Travel

Departure Date

Return Date

Emergency Contact

Name

Relationship

Contact Number

Release and Waiver

By signing below, I acknowledge and accept the risks associated with international business travel. I agree to comply with all relevant company policies and government regulations. I understand that I am responsible for maintaining my own health, safety, and conduct during the travel period.

Traveler Signature

Date