

# International Student Travel Waiver Form

## Student Information

Full Name

Student ID

Email Address

Phone Number

Institution/University

## Travel Details

Destination Country

City

Departure Date

Return Date

Purpose of Travel

## Emergency Contact

Contact Name

Relationship

Phone

Email

### **Waiver & Acknowledgement**

By signing below, I acknowledge that I am voluntarily participating in international travel. I understand and accept the risks involved, including but not limited to health, safety, and potential changes due to international laws, travel restrictions, or pandemics. I release and hold harmless my institution and its representatives from any liability related to my travel.

Student Signature

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Date

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