



inure to the benefit of the parties released, their heirs, next of kin, executors, administrators, successors or assigns. The release granted herein shall commence and be in full force and effect after the date set forth below.

I agree that should any provision or aspect of this release be found to be unenforceable, all remaining provisions of the release will remain in full force and effect.

I represent that my agreement to the provisions herein is wholly voluntary, and further understand that prior to signing this release, I have the right to consult with the adviser, counselor or attorney of my choice.

I agree that, should there be any dispute concerning my participation in this travel that would require the adjudication of a court of law, venue will lie only in the state and federal courts of the State of Kansas, and the cause of action will be determined by the laws of the State of Kansas.

This release represents my complete understanding regarding the release of the University and KUCR from responsibility and liability for my participation in this travel, supersedes any previous or contemporaneous understandings I may have had with the University and/or KUCR on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.

\*Faculty, staff, research scientists, post doctoral fellows, and anyone else who may be supervising graduate research in this travel must also acknowledge the required release(s) by any graduate students who choose to participate in this research, with such participation being entirely voluntary.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS AND AGREES WITH ITS TERMS AND CONDITIONS.

IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand this \_\_\_\_\_ day  
of \_\_\_\_\_, 200\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

Notary Signature

State of: \_\_\_\_\_ County of \_\_\_\_\_. Subscribed and sworn to before me, a Notary  
Public within and for the County and State above set out this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary

\_\_\_\_\_  
My appointment expires

Return the completed form to the Office of the Dean of International Programs, 300 Strong Hall, and a copy of the completed form to the KU Center for Research, Youngberg Hall, 2385 Irving Hill Road.

**Attachment: Relevant U.S. Department of State Travel Warning**