

**Pomona College Policy**  
**College-Funded International Student Travel**

April 2, 2025

***Pomona College supports meaningful international experiences for all students.*** Such experiences may take several forms, ranging from semester-long study abroad approved by Pomona College's International and Domestic Programs Committee to summer undergraduate research mentored by a Pomona College faculty member, internships or community engagement activities abroad, grant-funded experiences, short-term programs abroad, participation in intensive language study, a skills-based workshop, field school, or an apprenticeship program in the arts.

***For semester and yearlong study abroad,*** students will follow policies and procedures specified by the [International and Domestic Programs Office](#) and the International and Domestic Programs Committee.

***For all other opportunities*** that include international travel funded in full or in part by Pomona College, the **sponsoring office will provide instructions** for the student to submit the following information before they receive their travel award:

- ☐ Travel Participation Release/Waiver co-signed by student and guardian stating that they are aware of the risk of international travel (example below).
- ☐ Detailed project description and budget.
- ☐ Copy of the student's passport information and visa pages.
- ☐ Travel itinerary with complete details of accommodations and transportation.
- ☐ Emergency contact information for student.
- ☐ At least one partner or emergency contact in the destination country.
- ☐ Confirmation of [Crisis24 Horizon](#) registration which provides for an array of services aimed at ensuring the student's security. Students will receive supplemental emergency medical and evacuation insurance through [The Claremont College's International Travel Insurance Plan](#).
  - Students automatically receive this insurance coverage via the Claremont Colleges International Travel Insurance Plan. No additional registration is required. Coverage extends for the duration of the sponsored activity, plus two weeks before and after

***Prior to applying*** for international travel funding or programs student must

- ☐ Review [U.S. Department of State Travel Advisories](#) for proposed destination(s). Confirm all destinations, including the primary site and any location a student will be traveling to or through, are at Level 1 (Exercise Normal Precautions) or 2 (Exercise Increased Caution).
  - Please note that a country may have an overall Level 1 or 2 travel advisory but within the guidance for the country, there may be specific areas or regions designated as "Reconsider Travel" (Level 3) or "Do Not Travel" (Level 4). Please be advised that Pomona does not currently approve Pomona-funded travel to countries or areas within countries designated at Risk Level 3 or 4.
- ☐ Check [CDC Travel Health Notices](#) to ensure destinations are not at Warning Level 3.

**EMERGENCY CONTACT**

For emergencies while abroad, contact **Campus Safety at 909-607-2000** and the [on-call dean](#).

**RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT  
FOR STUDENTS RECEIVING POMONA COLLEGE  
Support for an International Activity**

I, [STUDENT FIRST AND LAST NAME], am a student at POMONA COLLEGE and have independently arranged to participate in an undergraduate [PROJECT, INTERNSHIP, RESEARCH EXPERIENCE, STUDY ABROAD OPPORTUNITY] with [ENTITY] in [SPECIFY ALL CITIES, COUNTRIES] from [MONTH, DAY, 20XX] through [MONTH, DAY, 20XX], (the "OPPORTUNITY"). To assist me with covering the costs of living and travel expenses (including housing, food, airfare and other expenses), POMONA COLLEGE has agreed to provide me with a funding award. In consideration for receiving this funding from POMONA COLLEGE, I agree as follows:

**1. Assumption of Risk, Release of Claims and Indemnification.**

(a) I understand and agree that POMONA COLLEGE is not affiliated with [ENTITY] in any way and is not sponsoring this opportunity. Although POMONA COLLEGE has agreed to award funding to support the student in the opportunity, this does not constitute an endorsement by Pomona of the opportunity, [ENTITY], or [ENTITY]'s employees, agents or premises. POMONA COLLEGE makes no representations or warranties regarding the opportunity and is not liable for any injuries or harm arising from my involvement in this opportunity. I understand and agree that POMONA COLLEGE is not in a position to evaluate the safety of the opportunity and facilities used, or the risks associated with it.

(b) I understand and hereby acknowledge that I have carefully reviewed and fully understand the risks posed by travel to, in and around [SPECIFY ALL CITIES, COUNTRIES], including but not limited to the risks of religious, political and/or social disturbances, economic or legal events, as well as the risk of disease, substandard sanitation, inclement weather, construction and facilities hazards, or any other risk affiliated with travel to or stay in the opportunity location or incidental travel thereto, as provided by:

- The [United States State Department](#), which issues [Travel Advisories](#), [Travel Alerts](#) and [Country Specific Information](#);
- [Australian Government Department of Foreign Affairs & Trade](#)
- [Foreign Affairs & International Trade Canada](#)
- [United Kingdom Foreign & Commonwealth Office](#)
- The [World Health Organization](#); and
- The [Centers for Disease Control](#), via the International Travelers Hotline at 1-877- FYI-TRIP (1-877-394-8747).

I certify that I have educated and informed myself about the risks and dangers of travel to, in and around [SPECIFY ALL CITIES, COUNTRIES], and any other risks associated with my stay in the area and participation in the opportunity. For example, I understand that, due to traffic congestion and different traffic laws and regulations, riding a bicycle and driving a motor vehicle in a foreign country can be extremely hazardous, and also understand that insurance requirements and other financial responsibility laws vary from country to country. I also certify that I have educated and informed myself about the risks

associated with activities I undertake that are not associated with the opportunity or sponsored or controlled by any host entity, such as independent travel, periods of time extending beyond the termination of the Internship, or other periods in which I am not participating in the opportunity.

***I UNDERSTAND THAT THESE RISKS MAY RESULT IN INJURY OR EVEN DEATH. I HEREBY ASSUME, KNOWINGLY AND VOLUNTARILY, EACH OF THESE RISKS AND ALL OF THE OTHER RISKS WHICH COULD ARISE OUT OF OR FROM MY PARTICIPATION IN THE INTERNSHIP OR IN ACTIVITIES INCIDENT THERETO.***

(c) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby **RELEASE** and **FOREVER DISCHARGE** POMONA COLLEGE, its employees, agents, officers, trustees, contractors and representatives (in their official and individual capacities) from any and all liability for any and all damages, losses or injuries (including death) that I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys' fees, which are connected in any manner with my participation in the opportunity, any related or independent travel, and any activities, excursions, side trips or field trips in which I engage during the opportunity period or while en route to or from the opportunity location.

(d) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to **INDEMNIFY, DEFEND** and **HOLD HARMLESS** POMONA COLLEGE, its employees, agents, officers, contractors, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorneys fees, which arise out of, occur during, or are in any way connected with or related to my participation in the opportunity, any related or independent travel, and any activities in which I engage during the conduct of this opportunity or while en route to or from the opportunity location.

**2. Health Insurance.** I hereby represent and warrant that I have or will secure a policy of comprehensive health and accident insurance that provides coverage, including medical evacuation coverage, throughout the duration of the opportunity for injuries and illnesses I sustain or experience abroad, and, more specifically, in the country or countries in which I will be living and/or traveling while participating in the opportunity or while en route to or from the opportunity location. By my signature below, I certify that my health and accident insurance policy will adequately cover me while outside the United States, and I absolve POMONA COLLEGE of all responsibility and liability for any injuries (including death), illnesses, claims damages, charges, bills, medical evacuation or repatriation costs, medical treatment costs and all other expenses that I may incur while I am abroad.

**3. Governing Law; Entire Agreement.** I agree that this Agreement shall be construed in accordance with the laws of the State of California, which shall be the forum for any dispute with POMONA COLLEGE concerning my participation in the opportunity. This Agreement represents my complete understanding with POMONA COLLEGE concerning POMONA COLLEGE'S responsibility and liability for my participation in this opportunity. This Agreement supersedes any previous or contemporaneous understandings I may have had with POMONA COLLEGE on this subject, whether written or oral, with the exception of **[LIST ALL OTHER AGREEMENTS WITH POMONA RELEVANT TO THE OPPORTUNITY THAT THE STUDENT HAS SIGNED]**.

I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement.

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

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

\_\_\_\_\_  
(Printed Name of Participant)

**Signature of Parent/Guardian for Participants Who Are Under 18 Years of Age:**

I certify that I have custody of [STUDENT NAME] or am the legal guardian of the opportunity participant by court order. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY POMONA COLLEGE.

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

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Printed Name of Parent or Guardian)

**Received by:**

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

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

\_\_\_\_\_  
(Printed Name of Institution Official)