

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

Updated August 13, 2021

***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 Study Abroad Committee to summer undergraduate research mentored by a Pomona College faculty member, internships or community engagement activities abroad, grant-funded summer 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 as specified by the Office of Study Abroad and the Study Abroad Committee.

***For all other opportunities*** that include international travel funded in full or in part by Pomona College, all students are required to register with the [Worldcue Tracker](#) system, which provides for an array of services aimed at ensuring the student's security.

In order to receive a travel award, students will be required to submit a detailed project description, including a detailed budget, with their funding application. Students must submit a travel itinerary and emergency contact information as well as one or more contacts in the destination country.

All students whose travel is funded in full or in part through Pomona College will be required to sign a waiver indemnifying the College and stating that they are aware of the risk of international travel. The waiver must be co-signed by the student's guardian or parent(s). Students will receive supplemental emergency medical and evacuation insurance through [The Claremont Colleges' International Travel Insurance Plan](#).

***Note that, as a rule, Pomona is unlikely to support international experiences for students that involve travel to countries or regions for which the U.S. Department of State has issued a Level 3 (Reconsider Travel) or Level 4 (Do Not Travel) Travel Advisory and/or the Centers for Disease Control and Prevention (CDC) has issued a Travel Health Notice at Warning Level 3 (Avoid Nonessential Travel).***

### ***Policy Addendum During COVID-19 Pandemic***

As of April 26, 2021, the College will not sponsor or reimburse travel to countries designated at a U.S. Department of State Level 3 or higher [travel advisory](#) for coronavirus risk. At the discretion of sponsoring offices, students may seek exceptions for countries at a U.S. Department of State Level 3 on a case-by-case basis. Requests for exceptions will be reviewed by the office overseeing the student travel, the relevant Vice President (or the Study Abroad Committee, in the case of semester study abroad), and the Travel Risk Advisory Committee. The College will not consider exceptions for countries at U.S. Department of State Level 4 or Centers for Disease Control and Prevention COVID-19 Travel Health Notice Level 4.

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

I, \_\_\_\_\_, am a student at POMONA COLLEGE and have independently arranged to participate in a summer undergraduate research project (INTERNSHIP) with [ENTITY] in [LOCATION] from \_\_\_\_\_, 20XX through \_\_\_\_\_, 20XX (the "INTERNSHIP"). 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 an internship Funding Award. In consideration for receiving this internship funding and research opportunity 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 internship project. Although POMONA COLLEGE has agreed to award funding to support the internship, this does not constitute an endorsement by Pomona of the project, ENTITY, or ENTITY's employees, agents or premises. POMONA COLLEGE makes no representations or warranties regarding the project and is not liable for any injuries or harm arising from my involvement in this research. I understand and agree that POMONA COLLEGE is not in a position to evaluate the safety of the project 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 LOCATION], 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 Internship 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 LOCATION], and any other risks associated with my stay in the area and participation in the internship project. 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 internship research or sponsored or controlled by any host institution, 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 research project.

***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 internship, any related or independent travel, and any activities, excursions, side trips or field trips in which I engage during the research period or while en route to or from the internship 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 internship, any related or independent travel, and any activities in which I engage during the conduct of this internship project or while en route to or from the internship 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 internship project 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 internship or while en route to or from the internship 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 internship program. This Agreement represents my complete understanding with POMONA COLLEGE concerning POMONA COLLEGE'S responsibility and liability for my participation in this internship project. 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 INTERNSHIP PROJECT 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 INTERNSHIP 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)