

State of Idaho Foreign Travel  
Acknowledgement of Risk

It has been determined by, \_\_\_\_\_ ( the “State Agency”) that the request for Foreign Travel to \_\_\_\_\_ (the “Destination”) is voluntary travel in support of the mission and objectives of the State Agency.

It is recognized by \_\_\_\_\_ (the “Employee”) and the State Agency that travel to the Destination has been determined to be high risk by the U.S. State Department and/or has been designated by the Office of Foreign Assets Control (OFAC) as a country which is the subject of economic trades sanctions; and/or has been excluded from coverage under the State of Idaho’s Foreign Liability Policy by endorsement or due to certain conditions within the policy, including but not limited to war, terrorism, a named OFAC country or region; or any other applicable conditions whose effect is to exclude or limit coverage within the designated country or region.

In addition, both the Employee and the State Agency acknowledge that the State of Idaho Risk Management has advised that travel to the Destination be restricted due to its identification by the U. S. State Department as high risk, and/or subject to economic trades sanctions by OFAC, and/ or excluded by coverage under the State of Idaho’s Foreign Liability Policy by endorsement or conditions.

In acknowledgement of the preceding paragraphs, Employee affirms the following:

1. I understand that this document is intended to acknowledge risks associated with my travel to Destination.
2. I have read and understood the U.S. State Department Travel Advisory regarding the risks of travel at this time in the Destination including those with dangers specific to U.S. citizens.
3. I understand that the State of Idaho and the State Agency either under the State’s own volition or by contract are unable to provide assistance should any risks, danger or hazard arise during my travel to the Destination including safe transport and medical assistance, should the cause of those risks be due to war declared or undeclared, civil war, warlike action by a military force, insurrection, rebellion, revolution, usurped power, terrorism or threat of terrorism.
4. The State Agency has reviewed and discussed the dangers, hazards, and risks inherent in travel to the Destination with me.
5. I understand that if I travel as an employee of the State of Idaho and the State Agency, neither the State of Idaho nor the State Agency can guarantee my safety.
6. I understand that the review of risks, hazards and dangers is not exhaustive and that other risks, not identified or known, and not reasonably foreseeable, may exist as relates to this travel.
7. I understand additional travel risks may include injury and loss, both to my person and property and the possibility of permanent disability and death.
8. I acknowledge my responsibility to recognize and follow all local laws and restrictions.
9. I have no physical or mental condition which, to my knowledge, would endanger myself or others if I travel abroad. I agree to abide by any established rules or regulations while engaged in this travel.

I agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Idaho and that if any portion of it is held invalid, the balance shall continue in full force and effect.

Date Departing U.S. \_\_\_\_\_

Date Returning to U.S. \_\_\_\_\_

Agreement dated this date \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Printed Name of Employee Requesting Travel

\_\_\_\_\_  
Signature of Employee Requesting Travel

\_\_\_\_\_  
Date

\_\_\_\_\_  
State Agency Name

\_\_\_\_\_  
Printed Name of Advising/Authorized State Agency Personnel

\_\_\_\_\_  
Signature of Advising/Authorized State Agency Personnel

\_\_\_\_\_  
Date