

International Travel Policy

Scope

What if Y not Everything has long encouraged and supported international travel by its employees and is keenly aware that such travel may pose significant safety risks. The International Travel Policy is applicable to all employees of What if Y not Everything engaged in company supported or sponsored programs and activities.

Policy Statement

While the Company supports international travel by its employees, it also recognizes the risks associated with international travel. Therefore, travel must be authorized and have adequate insurance coverage. The Company also has the right to deny company sponsored travel due to substantial travel risk.

Policy

To assist university travelers, the university has developed this International Travel Policy.

- A. All international travel sponsored or supported by the company must be authorized in advance of travel. The president or vice president grant travel authorization for company programs and activities within their respective divisions.
- B. The company reserves the right to restrict, deny, or postpone any company sponsored or supported international travel program or activity, if in the determination of the president or vice president, the risk of travel is substantial.
- C. To ensure that international travel is properly authorized, all employees, departments and divisions should follow the procedures contained in the International Travel and Safety Procedures and need to also follow the procedures outlined in the International Travel and Insurance Approval Procedures.
- D. Company employees who do not follow this policy will bear full responsibility for any liability resulting from their travel.

Effective Date

This policy was effective March 14, 2019

Signature, Date, and Approval

Approved:

/s/ Shakeem Durden, CEO

CEO, CFO and Chairman

Date Approved: March 14, 2019

INTERNATIONAL TRAVEL AND SAFETY PROCEDURE

Approval

- All international travel involving employees in programs sponsored by the company must first be approved by the respective president or vice president of such division. For required international travel insurance coverage, follow the International Travel and Insurance Approval Procedures
- Employee travel must be authorized and approved by the officer in charge of the division or his/her designate.
- The division sponsoring the activity will conduct or arrange for the pre-departure orientation session and will ensure that all participants attend or receive the materials in written or electronic formats.
- At a minimum, the pre-departure orientation must include a discussion of appropriate and expected behavior for participants; potential social, political, economic and legal risks involved in the experience; and emergency procedures in case of individual or group incidents. Participants will be subject to the laws and customs of the locations they visit. What if Y not Everything is not responsible for the violation of any laws and customs by participants.
- The Employee Code of Ethics and the Employee Handbook and all other policies or rules apply to all company sponsored travel activities

Emergencies

- In the event of an emergency while participating in an WiYnE international activity, the participant should immediately contact:
 - the nearest U.S. consular service for direct assistance
 - the on-site director or employee
- If medical attention is needed, the participant should contact the international travel insurance provider

Distribution and Change of Policy and Procedures

- This policy should be made available to every person traveling abroad for any WiYnE-sponsored program, event or activity.
- What if Y not Everything, Inc. reserves the right to change this policy and procedures in light of changing circumstances affecting travel, safety, health, or other matters related to the best interest of the Company

CONSENT & RELEASE AGREEMENT

The following agreement is designed to protect all participants including employees, What if Y not Everything, and the agencies and individuals cooperating with the Company. You as the employee participant and your parent (or legal guardian) if you are under 18 must sign this form to indicate agreement and or permission to participate.

Sponsoring WiYnE Division: _____

Sponsoring Department: _____

Destination(s): _____, _____, _____

Date of Departure: ____ / ____ / ____ Date of Return: ____ / ____ / ____

Time of Departure: _____ : _____ AM / PM Time of Return: _____ : _____ AM / PM

Airport or Bus / Train Station (Departure): _____

Airport or Bus / Train Station of (Destination): _____

Airport or Bus / Train Station of (Return): _____

Purpose of Trip: _____

General Release: I/ (we) understand that participation in this trip is entirely voluntary and that any program of travel involves some element of risk. I agree that, in consideration of What if Y not Everything ("Company") facilitating my travel to _____. I will not (including my parents, guardians, and legal representatives) attempt to hold the company, its trustees, officers, employees, agents, liable for any injury, death, or loss to person or property sustained by me while participating in or arising out of any travel or activity conducted by or under the auspices of What if Y not Everything. I understand that the Company reserves the right to make cancellations, changes, and substitutions when the Company deems it necessary. In such circumstance, the Company will endeavor to refund fees advanced by participants where those fees are uncommitted and recoverable. I understand that the Company makes no assurance that fees in connection with travel will be recoverable and/or refundable. As such, I hereby acknowledge that I have been advised to purchase trip cancellation insurance at my own expense.

Insurance Coverage: I/ (we) understand that the company requires that I be covered by appropriate accident and medical insurance and that I am financially responsible for such expenses. Signature below verifies that participant is enrolled in an adequate insurance program.

The Company recommends that participants consider insuring personal belongings against theft and loss.

Medical Treatment: I/ (we) understand that while I am overseas an emergency may develop which necessitates medical care, hospitalization, or surgery. Therefore, in the event of illness or injury, I authorize the Company to secure any necessary emergency medical treatment including the administration of an anesthesia and surgery. I understand that such treatment shall be solely at my expense and I agree to reimburse the Company for any expense that might incur on account of my injury or treatment.

Conduct: I agree to conduct myself in a safe and prudent manner while participating in any activity or travel conducted by or under the auspices of What if Y not Everything. I understand that all employee participants are subject to Company regulations, travel guidelines, and relevant state, federal, and international laws and that in the event of violation of these or other behavior which is deemed by the Company to be detrimental to participant or others, the Program Representative may immediately dismiss me from the program and require me to return to the United States. I also agree not to deviate from the proposed trip itinerary without the expressed permission of the Company. I understand that while participating in any such activity or travel, I am subject to the What if Y not Everything Conduct Code. I further agree to indemnify, defend and hold harmless What if Y not Everything from any breach of these representations.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THEM, AS INDICATED BY MY SIGNATURE BELOW.

Name of Participant: _____ Employee ID#: _____

Signature: _____ Date: ____ / ____ / ____

Local Address: _____ Telephone Number: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ @ _____ . _____

Name and Signature of Legal Guardian for a student under the age of 18:

Name: _____ Signature: _____

Home Telephone Number: _____

Cell Phone Number: _____

Office Phone Number: _____

EMERGENCY CONTACT INFORMATION

Name of Participant: _____ Employee ID#: _____

Signature: _____ Date: ____ / ____ / ____

Local Address: _____ Telephone Number: _____

City: _____ State: _____ Zip Code: _____

Please list two contacts whom you would like us to contact in the event of an emergency:

1st Contact Person:

Relationship to Employee: _____

Local Address: _____ Telephone Number: _____

City: _____ State: _____ Zip Code: _____

2st Contact Person:

Relationship to Employee: _____

Local Address: _____ Telephone Number: _____

City: _____ State: _____ Zip Code: _____

ASSUMPTION OF RISK AND WAIVER OF LIABILITY
WHAT IF Y NOT EVERYTHING

THIS IS A RELEASE OF LEGAL RIGHTS - READ AND UNDERSTAND BEFORE SIGNING.

Name: _____ (“Participant” or “I”)

Address: _____

City: _____ State: _____ Zip Code: _____

Project Description:

As a condition of participation, I hereby acknowledge and agree as follows:

1. Assumption of Risks.

I acknowledge that the decision to participate in this Project is entirely my own choice, voluntary, and not a condition of my employment or status at the Company. I understand that participation in the Project involves risks not normally found in employment at the Company. I understand that I will travel to _____, a country that has recently experienced terrorist attacks and civil unrest.

I am aware that no special security personnel will be provided, and What if Y not Everything cannot guarantee my security. I am aware that the political circumstances during the time I will be in _____ may adversely affect transportation, medical care, and housing and the quality of food and water. The Project risks are substantial and include without limitation risk of death or serious bodily injury. I agree that it is my sole responsibility to investigate and evaluate for myself serious bodily injury. I agree that it is my sole responsibility to investigate and evaluate for myself the risks associated with this Project. By my participation, I am willing to accept these risks.

2. Health and Safety

A. I have consulted with a medical doctor regarding my personal medical needs. I certify that I am fit to participate in the Project and that there are no health-related reasons or problems, which preclude or restrict my participation in this Project.

B. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Project.

C. I agree to maintain a high level of vigilance and to take appropriate steps to increase my security awareness, including consulting with U.S. Department of State guidelines for security in . I agree to conduct myself in a safe and prudent manner at all times.

3. Waiver of Liability

Knowing the risks described above, I, on behalf of myself, my family, heirs, representatives, accept those risks and hereby release, discharge and agree to hold harmless What if Y not Everything, Inc., its subsidiaries, trustees, officers, employees, agents, from any and all liability, claims, demands, rights, causes of action for personal illness, injuries or death, or any damage to or loss of personal property which may occur en route to, during, from or as a result of my participation in the Project.

I have carefully read this Assumption of Risk and Waiver of Liability before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.

Signature

Date

International Travel and Export Control Compliance

What if Y not Everything personnel (agents and employees) planning to travel abroad need to be mindful of export control laws and regulations. The purpose of the federal government's export control laws and regulations is (a) to restrict exports of goods and technology that could contribute to the military capabilities of adversaries, and (b) to comply with U.S. trade sanctions. To avoid running afoul of these laws and regulations, Company personnel should review the information below before traveling abroad.

- Many items that are not hazardous, valuable or uncommon are nevertheless subject to export control laws. For a list of items that may be subject to export control laws, click the following link:
<http://www.access.gpo.gov/bis/ear/pdf/indexccl.pdf>
- **Question:** Does an exclusion from U.S. export control regulations apply to my laptop and its software?
- **Answer:** Your laptop and its software (and other “tools of the trade” such as PDAs and electronic storing devices) are excluded from U.S. export control regulations under the “Temporary Export Exclusion” as long as:
 - The item will be returned to the U.S. within one year of its export date; and
 - The item is a usual and reasonable type of tool of the trade for use in lawful research or education; and
 - You retain effective control at all times over the item while abroad by retaining physical possession of the item or securing the item in an environment such as a hotel safe; and
 - You accompany the item abroad, or the item is shipped within one month before your departure, or at any time after your departure; and
 - The item does not contain encryption software employing a key length greater than 80 bits for the symmetric algorithm; and
 - The equipment, software and technology are not of an inherently military nature and will not be put to a military use or be used in outer space.
- The U.S. government's Office of Foreign Assets Control (“OFAC”) enforces economic and trade sanctions relating to the following countries: Balkans, Belarus, Burma, Cote d'Ivoire, Cuba, Democratic Republic of the Congo, Iran, Iraq, Lebanon, North Korea, Somalia, Sudan, Syria, Zimbabwe (list current as of 11/10). The specific regulations on economic transactions conducted with these foreign governments and/or with citizens of these foreign countries differ for each country. If you are traveling to one of these countries, to avoid potential penalties

you should carefully review the details of the relevant OFAC sanctions program by clicking on the following link: <http://www.treas.gov/offices/enforcement/ofac/>

- If you will be carrying a large amount of cash into or out of the United States, be advised that you are required to declare any amount over \$10,000 to U.S. Customs and Border Protection.
- Be sure to review the What if Y not Everything International Travel Policy for guidance on other issues relating to international travel.