

ADDENDUM

ACKNOWLEDGMENT AND ACCEPTANCE OF RISK FOR TRAVEL TO A DOS WARNING LEVEL 3/4/CDC COVID-19 LEVEL 3/4 DESTINATION

1. I have carefully identified, reviewed, and considered the risks of travel to my destination, including reading the U.S. Department of State (“DOS”) Travel Advisory, available at <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html>, and Centers for Disease Control and Prevention (“CDC”), available at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html>
2. I acknowledge that the CDC has issued **Level 3 (High COVID-19)** or **Level 4 (Very High COVID-19)** guidance and the DOS has issued a **Level 3 Travel (Reconsider Travel)** or **Level 4 (Do Not Travel) Advisory** for my destination.
3. I understand that at any time prior to or during my travel to the destination, the DOS or CDC may change its guidance.
4. The University of Akron does not recommend traveling to a Level 3 or 4 destination. By traveling to or remaining to stay in a Level 3 or 4 destination I am making an informed decision and accepting any and all risks associated with a Level 3 or 4 destination. In addition to potential health risks, I understand that am accepting personal financial responsibility for all costs and expenses for my travel, including but not limited to, costs and expenses with isolation or quarantine or having to modify flights based on isolation or quarantine.
5. I have had the opportunity to consult with my personal health care provider to make an informed decision to travel.
6. I acknowledge all travel carries with it certain risks that cannot be mitigated. I also acknowledge traveling during the current COVID-19 pandemic creates additional and unique risks because COVID-19 is an extremely contagious disease. I understand, travel requires close person-to-person contact for a duration of time, which increases the likelihood of disease transmission, regardless of the degree of care that I and others take to reduce the risk of transmission. I understand and accept that travelling in close proximity with an individual who is COVID-19 positive increases my odds of contracting the disease, even if the COVID-19 positive individual is asymptomatic, and even if I and others are taking safety precautions.
7. I understand that conditions in my destination may change rapidly, and I will stay informed of current events by obtaining updated security and health information from and enrolling in DOS’s Smart Traveler Enrollment Program (STEP) at <https://step.state.gov/step/>.
8. I will comply with any and all behavior and/or travel requirements set forth by the University and/or the Program director. I understand that my failure to comply with any such requirements may result in my immediate dismissal from the program, additional sanctions upon return to the University up to and including exclusions from the University, and withdrawal of funding or financial aid for expenses in connection with my program.
9. I understand that because conditions in my destination may change rapidly, I may be required to leave my destination before completing the Program. I understand that in such a situation I may not receive a refund of fees paid for the program and that I may incur additional personal and/or travel expenses. I further understand that the insurance UA has purchased for me currently only covers medical evacuation, political

evacuation and natural disaster, and I understand there is currently no coverage to pay for an emergency evacuation flight based on the spread of a disease or pandemic.

10. MY PARTICIPATION IN THIS EDUCATION ABROAD PROGRAM IS ENTIRELY VOLUNTARY. BY ENGAGING IN IT, I HEREBY ACKNOWLEDGE AND AGREE THAT (1) I AM AWARE AND UNDERSTAND THAT TRAVELING DURING THE COVID-19 PANDEMIC IS PARTICULARLY DANGEROUS, AND INVOLVES THE INHERENT RISK OF SERIOUS ILLNESS AND/OR DEATH; AND (2) I AM VOLUNTARILY PARTICIPATING IN UNIVERSITY-SUPPORTED TRAVEL DURING THE COVID-19 PANDEMIC WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF ILLNESS, INJURY, AND/OR DEATH, WHETHER CAUSED BY THE NEGLIGENCE OF THE UNIVERSITY OF AKRON OR OTHERWISE.

Name (Please Print): _____

Signature: _____ Date: _____

For participants under eighteen (18) years old, a parent or legal guardian must sign this Addendum with a witness.

Parent/Guardian:

Name (Please Print): _____

Signature: _____ Date: _____

Relationship (please indicate parent/guardian)

Witness:

Name (Please Print): _____

Signature: _____ Date: _____