



Assumption of Risk & Release of Liability

I am aware that due to the outbreak of COVID-19, The University of North Carolina at Chapel Hill (“University”) has prohibited all non-essential University-affiliated travel outside of the State of North Carolina for students, faculty, and staff. I have requested an exception to the above-referenced travel restriction pursuant to my petition dated [insert date] in connection with travel to [insert destination(s)] on or around [insert departure date] with a return date on or around [insert date]. I understand that, as part of my participation in a University affiliated program (“Program”) during the COVID-19 outbreak, I may be traveling to a location with an increased risk of exposure to COVID-19 and where I may be proximate to individuals whose health history and exposure risk for COVID-19 cannot be determined. I am fully aware of the risks and hazards associated with traveling and interacting with other individuals during the global COVID-19 pandemic, and I understand that conditions may rapidly change for the worse. I am voluntarily choosing to engage in this Program.

I am fully aware of the risks associated with participating in the Program, including the risk of contracting COVID-19, under circumstances where government and health officials have urged individuals to avoid travel and to practice social distancing. Should I contract COVID-19 or have symptoms consistent with a COVID-19 diagnosis, I understand and agree that I will not participate in the Program unless directed by a medical provider that I may participate. I understand this may limit my ability to progress toward my degree. I am fully aware there is currently no vaccine or effective treatment available for COVID-19, and that infection may cause serious illness or death.

I agree to take all necessary precautions and follow prescribed protocols and guidance from relevant authorities, including adhering to travel notices and warnings from the U.S. Department of State, if applicable, and the Centers for Disease Control and Prevention. I agree that such guidance may be updated without notice, and that, if I am traveling internationally, I will enroll in the State Department’s Smart Traveler Enrollment Program (STEP) if eligible and frequently check for updates throughout my trip. The University may issue additional protocols and requirements from time to time to address relevant health risks, and, if issued, I agree to take all reasonable measures to comply with these additional requirements. I understand that I am subject to any rules and policies of a third-party site and jurisdiction. If I do not follow the safety procedures and rules required of me by the third-party site, I may be required to leave the site. I understand that my inability to complete my Program or delayed return home may adversely impact completion of program requirements, timely graduation, and other academic and financial considerations.

I acknowledge that claims submitted under certain insurance policies may be denied, and the University cannot guarantee coverage of a claim. I acknowledge that timely emergency evacuation may not be possible and, should I encounter difficulty returning from my host location, the University is not responsible for assisting or for covering the costs of my return. I understand that countries, states, and municipalities have taken measures to protect citizens and residents by requiring quarantine, isolation, or screening of people entering or exiting the location. I understand that my departure from my host location could be delayed and may even be barred, and that, for international travel, the U.S. government may also have re-entry requirements that could impact my return to the United States.

I will confer with and take advice from Campus Health and other relevant health authorities, as appropriate, and will contact Campus Health prior to returning to campus. I understand that I may be subject to a quarantine period upon my return and possible other measures as determined by appropriate guidance and medical personnel.

I voluntarily accept such risks and assume full responsibility for any risk of loss, damage, illness or personal injury, including death, and for any property damage that may be sustained by me as a result of my participation,



including, to the fullest extent permitted by law, damages caused by the negligence of the University and its current and former trustees, students, employees, and agents.

As a condition to my participation in the Program, **I hereby release, hold harmless, and forever discharge** the University, its current and former trustees, students, employees and agents, from any and all liability, claims, demands, actions, and causes of action whatsoever and to the fullest extent permitted by law, arising out of or related to any loss, property damage, illness, or personal injury, including death, that may be sustained by me or to any property belonging to me during my participation in these activities, including damages caused by the negligence of the University, or its current or former trustees, students, employees, and agents.

In case of accident, illness, injury, or death, I hereby authorize the University and its representatives to contact the person(s) listed as my Emergency Contact in the Connect Carolina system.

This document is to be construed in accordance with the laws of North Carolina. If any portion of this document is deemed to be invalid, the remainder will continue in force and effect and will be interpreted so as to best effect the original intention of the University. I, _____ (**printed name of participant**), have read and I understand this document, including the release and hold harmless portions of it. I acknowledge that I am at least 18 years old. I understand and agree that it is binding on myself, my heirs, assigns, and personal representatives. I consent to the application of the laws of the State of North Carolina to govern, interpret, and enforce this document including all rights and obligations arising from or related to this document. A copy of this release shall have the same force and effect as the original.

SIGNATURE: _____

DATE: _____