



THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL

## COVID-19 Assumption of Risk and 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 United States for students, faculty, and staff. I have requested an exception to the travel restriction pursuant to my petition dated \_\_\_\_\_ in connection with travel to \_\_\_\_\_ (destination(s)) on or around \_\_\_\_\_ (departure date) with a return date on or around \_\_\_\_\_ (return date).

I understand that, as part of my participation in an activity outside the United States (“Activity”) I may be traveling to a location with an increased risk of exposure to COVID-19 and where I may encounter significant, hazardous, and unpredictable travel conditions, restrictions, and delays. I am fully aware of the risks and hazards associated with traveling during the global COVID-19 pandemic, and I understand that conditions may rapidly change for the worse. Knowing these risks and hazards, including the risks of illness, injury, death, and indefinite delay of my return home, I am voluntarily choosing to engage in this Activity.

I am fully aware of the risks associated with participating in the Activity, including the risk of contracting COVID-19 or its variants, under circumstances where individuals are urged to avoid travel. Despite public health measures, I recognize there is no definitive or guaranteed way to prevent or eliminate the spread of the SARS-Cov-2 coronavirus that causes COVID-19 or any variants. I understand that variants with unpredictable morbidity and mortality have been detected, and that the benefits and durability of current vaccines are not known and should not be used to ensure resistance to COVID-19 or its variants. I am aware that the inherent risks and uncertainties relating to COVID-19 could disrupt my Activity, and that I may require medical care and/or hospitalization in areas where healthcare resources are under great strain in service of local populations.

I agree to take all necessary precautions and follow protocols and guidance from relevant authorities, including adhering to travel notices and warnings from the U.S. Department of State and the Centers for Disease Control and Prevention (CDC). I am aware that such guidance may be updated without notice, and I agree to check frequently for updates throughout my trip. If I am eligible, I will enroll in the State Department’s Smart Traveler Enrollment Program and take advantage of its resources.

I acknowledge and understand that I will continue to be governed by all applicable University policies, procedures, and protocols, and I agree to take all reasonable measures to comply with them – including those implemented or adjusted during my travel. I acknowledge and understand that the University reserves the right to rescind any travel exception approval or cancel or postpone travel in whole or in part, which may adversely impact completion of program requirements, my ability to recover expenses associated with the travel and other academic and financial considerations. I understand that I also am subject to any rules and policies of third-party sites and jurisdictions. If I do not follow all applicable rules and policies, I may be required to leave the Activity at my own expense.

I understand that evacuation may not be possible from my destination or other locations on my trip, that travel restrictions may abruptly change or be modified, and I acknowledge that the University is not responsible for assisting with or covering costs related to my travel. I understand that countries and municipalities have taken measures to limit entry into and exit from their jurisdictions. I am aware that dynamic COVID-related rules and restrictions including border closings, flight cancellations, or delays may significantly impact my travel and may even bar it altogether.

I acknowledge that claims submitted under certain insurance policies may be denied, and the University cannot guarantee coverage of a claim. I agree to comply with any measures determined by appropriate guidance and medical personnel, including the CDC and other government measures, to be necessary upon my return. I am aware that such guidance may include, but is not limited to, mandatory mask-wearing, proof of negative COVID-19 tests, and periods of self-isolation or self-quarantine. 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.

I voluntarily accept the risks described above 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 in the Activity, including related travel.

As a condition to my participation in the Activity, 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.

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. A copy of this release shall have the same force and effect as the original. I 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.

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Printed Name

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Signature

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Date