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## Assumption of Risk and Acknowledgement

I am aware that due to the outbreak of COVID-19, The University of North Carolina at Pembroke (“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 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 State of North Carolina (“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 to the State of North Carolina, 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, 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. 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), if applicable. I agree that such guidance may be updated without notice, and I agree to check frequently for updates throughout my trip. I also agree that if I am traveling internationally and eligible, I will enroll in the State Department’s Smart Traveler Enrollment Program (STEP) 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 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 travel destination or other locations on my trip, and I acknowledge that the University is not responsible for assisting with or for covering costs related to my return. I understand that countries, states, and municipalities have taken measures to significantly limit the manner in which people enter or exit their jurisdictions. I understand that my travel could be delayed and may even be barred, regardless of my visa status, and that re-entry requirements could impact my return home. I am also aware that I may encounter restrictions such as abrupt flight cancellations or delays and border closings which could significantly impact my ability to travel.

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 Banner 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.

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Printed Name

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Signature

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Date