



TRAVELING & COVID-19 RISK ACKNOWLEDGMENT RESPONSIBILITY FOR MEDICAL NEEDS

I am aware of the risks of COVID-19 to my health. I am aware of my personal medical needs and risk tolerance. I understand that Temple University has no control over the healthcare environment/infrastructure within my proposed travel destination. It is my responsibility to understand how to receive COVID-19 testing and treatment for any related symptoms at my proposed travel destination.

I am aware that I am required to be enrolled in Temple's international travel medical insurance regardless of any other insurance I may have.

I also understand that Temple's international travel medical insurance will pay [Medical Expense Benefits for Covered Expenses](#) that result directly, and from no other cause, from a Covered Accident or Sickness. Medical expenses for treatment of COVID-19 are included in this coverage.

Other terms or limits shown in Temple's **international travel medical insurance policy** apply. Please note: Temple's international travel medical insurance will not pay for expenses and fees for COVID-related issues, including evacuation assistance. Additionally, Temple's international emergency health insurance policy may not cover other associated expenses, including (but not limited to) the cost of quarantine accommodations, preventative testing, or additional travel expenses.

COMPLIANCE WITH QUARANTINE AND TRAVEL RESTRICTIONS

I acknowledge that I must follow domestic laws and regulations regarding quarantine. I further acknowledge that I must plan in advance to arrive at the proposed destination in time to quarantine, if required, prior to or within the travel dates outlined above. I further understand that I may be required to quarantine upon my return to my place of residence and/or to the University campus.

COVID-19 RISK ACCEPTANCE & LIABILITY WAIVER

The novel coronavirus, COVID-19, is a highly infectious, life-threatening disease declared by the World Health Organization to be a global pandemic. COVID-19's highly contagious nature means that contact with others or contact with surfaces that have been exposed to the virus, can lead to infection. Additionally, individuals who may have been infected with COVID-19 may be asymptomatic for a period of time or may never become symptomatic at all. Because of its highly contagious and sometimes "hidden" nature, it is currently very difficult to control the spread of COVID-19 or to determine whether, where, or how a specific individual may have been exposed to the disease.

As of April 2021, there are several coronavirus vaccines available. Because the supply of COVID-19 vaccines in most countries is currently limited, authorities are prioritizing healthcare workers and at-risk individuals based on occupation and health history before moving on to the general population in the coming months. It is predicted that vaccine distribution will take several years before all communities are reached globally. Due to limited supplies and the prioritization of local citizens, I should not expect to get vaccinated against COVID-19 in my proposed destination. Even if vaccinated prior to travel, I should still practice the Four Public Health Pillars until otherwise notified by public health authorities and Temple University officials.

Being aware of the foregoing, I am voluntarily participating in this proposed travel. I further understand that Temple University cannot guarantee a COVID-19-free environment during this period of travel. By signing this Agreement, I acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify in another, and the inherent risks of exposure during travel to those who may be infected with COVID-19. I, for myself and my heirs, voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in the proposed travel, and that such exposure or infection may result in personal injury, illness, permanent disability, and/or even death.

In consideration for being authorized to travel, I agree, for myself and for my heirs, not to make any claim against Temple University with respect to any exposure I may have to COVID-19 as a result of my proposed travel, and I agree that if any such claim is made, I will indemnify and defend Temple University with respect to any such claim.

I further acknowledge that I have asked for and/or been given any information that I may need to determine the risks associated with participating in the proposed travel, and to make an informed assumption of those risks, and waiver of claims.

Traveler's Name (Print)

Travelers Signature

Date