

Acknowledgement of Risks & Hold Harmless Agreement
Heightened Risk Travel

I am a University of Pennsylvania student or employee in _____
(school/department/center). I acknowledge that I have voluntarily and freely elected to travel to
_____ (cities/countries), from _____ to _____ (dates).
In consideration for being allowed to participate in this travel and for the sponsorship of my participation,
I affirm and agree as follows:

1. I acknowledge that I have been made aware that I am traveling to a location of heightened risk according to International SOS, the Centers for Disease Control and Prevention (CDC) and/or the U.S. Department of State. I have read the current [CDC Advisory](#) regarding travel. Despite the heightened risk, I have voluntarily made the decision to travel to _____ (cities/countries).
2. I acknowledge that my travel may expose me to significant risks, including, but not limited to, crime, terrorism, war, exposure to communicable diseases, the hazards of travel by airplane, vehicle and foot, serious bodily injury or death, property damage and other risks that may not be foreseeable. I understand that the University of Pennsylvania assumes no responsibility for my safety.
3. I assume full responsibility for all risks associated with my travel and, for myself and my heirs and assigns, I agree to hold harmless, release and forever discharge The Trustees of the University of Pennsylvania and its trustees, officers, directors, employees, and agents from any and all claims, demands and causes of action of whatever kind that I may have including, but not limited to, illness, bodily injury, death, and loss of personal property, or the consequences thereof, resulting from or in any way connected with my travel to and from _____ (cities/countries) unless such loss or damage is caused by the sole negligence or misconduct of the University. I also agree that the University shall not be responsible for my negligence or misconduct.
4. I understand that the University organizer reserves the right to change and/or cancel the travel, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and the University shall not be responsible or liable for any expenses, financial losses, or other losses that I may sustain because of any such change or cancellation. I also understand that the University organizer reserves the right to discontinue my participation in the trip/program if my behavior, in the sole discretion of the organizer, is determined to impede or obstruct the progress of the trip/program in any way.
5. For abroad programs for academic credit, I understand that I receive Penn academic credit and grades based on grades issued by the host institution upon program completion. As grades are issued by the host institution, I recognize that I may or may not receive academic credit if a program is cancelled or otherwise disrupted. I acknowledge that I should confer with my academic advisor regarding the academic impact and potential loss of course credit in the event of program disruption or cancellation. I understand that the University assumes no responsibility for any academic consequences resulting from program disruption or cancellation and that there is no guarantee that I will receive a refund of tuition or other fees paid for study abroad in the event of such disruption or cancellation.
6. For International Travel, I certify that I have received information about the specific health risks associated with my travel. I understand that if I decide to return to the U.S. at a later time because of health-related concerns, I may not be able to do so promptly. Further, I recognize that the

criteria for entry into the U. S. may change over the course of time and I could be subject to restrictions or exclusion.

- 7. I certify that I have consulted with a travel medicine professional and have received information about the specific health risks associated with my travel. I agree to review the [travel medical insurance](#) provided by The University of Pennsylvania to ensure my eligibility. I understand that if I am not eligible for Penn’s coverage or if the level of Penn’s coverage is not adequate for my travel, program or activities, I am responsible for procuring appropriate health insurance with international coverage.
- 8. I have read and understand the terms of this Acknowledgement of Risks and Hold Harmless Agreement and, by my signature below, affirm that I am at least 18 years of age and am signing it voluntarily and with the intent to be legally bound.

Attestation regarding travel during a pandemic:

The Penn community should remember that our decisions impact the lives and health of students, classmates, colleagues, our West Philadelphia neighbors, and those we come in contact during our travels. The following public health measures remain our primary tools to minimize virus transmission:

- [getting vaccinated](#)
- *wearing a mask while indoors, even if fully vaccinated ([see the latest guidance](#))*
- *hand washing*
- *staying home when feeling sick*
- *completing daily [PennOpen Pass](#) symptom checker and exposure reporting*
- *Taking part in required [Penn Cares screening testing](#) if unvaccinated*

As part of Penn's comprehensive public health program, hundreds of institutional actions complement these essential individual behaviors, including extra cleaning and ventilation checks in campus buildings – the Office of Environmental Health and Radiation Safety is responsible for a range of [campus safety programs including those for COVID-19](#)

I acknowledge that traveling during a pandemic poses a risk not only to my health and the health of others around me, but to logistics related to traveling as a group. The itinerary is subject to change or cancellation based on my circumstances as well as the circumstances of others in the group. A COVID infection or exposure may lead to separating the group, quarantine, or the inability to return home promptly.

Signature:

Print name:

Date:
