COVID-19 Disclosure
Partnership Programs

Based on current information, your Partnership program (the “Program”) is expected to take place while the current COVID-19 pandemic remains ongoing. **We ask you to educate yourself regarding the risks associated with your Program location(s) so that you can make an informed decision about your participation in the Program and reduce the potential risks associated with your participation.**

In order to participate in the Program, **you must sign this form**, acknowledging the following:

1. I have reviewed ASU’s [Traveler Health & Safety Resources](#) within my online Program application.
2. I have reviewed the U.S. State Department (DOS) [Travel Advisory](#) for the Program location(s), including the DOS’s [COVID-19 Travel Information](#).
3. I have reviewed the U.S. Centers for Disease Control and Prevention (CDC) [country-specific information](#) for the Program location(s), as well as the CDC’s [COVID-19 information](#).
4. I acknowledge that I am responsible for my personal health and safety. I will take the necessary steps to prepare myself and manage the risks of participating in the Program, including following the precautions and guidelines set forth in the resources identified above.
5. I am aware that I will be subject to safety precautions and protocols established by my Program provider and/or host institution (e.g., social distancing, face covering, etc.). I understand that these details are subject to change between the time I sign this document and the time the Program begins, and that I will receive more information about the specific precautions and protocols from my Program provider and/or host institution closer to the Program start date.
6. I acknowledge my responsibility to abide by the following guidelines:
   - Continually monitoring my health while traveling and in my Program location, and reporting my health status if/as required by ASU and by local/national authorities;
   - Observing the local city and country requirements for physical distancing and wearing a face covering;
   - Isolating myself if I display any symptoms that could be related to COVID-19;
   - Self-quarantining if diagnosed with COVID-19 or after exposure to someone who is ill or has tested positive for COVID-19;
   - Participating in health screening, testing and/or contact tracing as requested/required to preserve the wellness of the community.
7. I acknowledge that the Program takes place in settings ASU does not control, and in which different safety precautions and protocols may be in place.
8. I understand that it is possible to contract COVID-19 even if I follow all of the safety precautions and guidelines recommended by ASU and the CDC and required by federal, state and local government health authorities.
9. I understand that I may be sharing a room with another Program participant and/or traveling in the same vehicle with other participants. I may contact my Program provider and/or host institution for more details about these arrangements prior to confirming my participation in the Program.
10. I understand that if I am exposed to or test positive for COVID-19 before the Program begins, I may be unable to participate in the Program (depending on the timing of the exposure and/or test). Additional information about delaying travel is available on the CDC website; COVID-19 prevention precautions are also available from the CDC.

11. I understand that if I am exposed to COVID-19 or receive a positive test during the Program, I will be required to quarantine/self-isolate.

12. I have reviewed the insurance coverage included in my Program Fee. I understand that any unanticipated travel or lodging costs resulting from the COVID-19 pandemic not covered by the insurance provided by the Program will be my responsibility. I have been advised that I may, at my own option and expense, purchase additional insurance coverage from the provider of my choice, if such coverage is available.

13. I understand that my ability to travel may be restricted depending on the situation in my Program city/country/region. At the discretion of my Program provider and/or host institution, this could include a restriction on my ability to leave the country where I am studying.

14. I understand that if the situation in the Program location deteriorates, ASU may cancel the Program and I will be expected to leave the Program location immediately. If I choose to stay at the Program location despite ASU’s recommendation that I come home, I understand that I am subject to the terms of the Study Abroad Payment and Withdrawal Policies and that I assume all risks associated with my decision to stay.

15. I understand that I may be required to complete a COVID-19 test after returning from the Program. In addition, I may be required to self-quarantine for a number of days. Before returning home, I will review the CDC guidelines for travel during COVID-19 for the most up-to-date guidance. I will also review ASU’s travel guidance for information about current protocols before returning to an ASU campus.

I hereby certify that I have reviewed and understand the information provided above regarding the conditions and obligations associated with my participation in the Program.