



Acknowledgment of COVID-19 Health, Safety and Security Risk(s)

Due to the current COVID-19 pandemic, there are enhanced risks associated with travel to/from/within my ASU Study Abroad Office (SAO) program (the “Program”). **We ask you to acknowledge your understanding of the enhanced risks associated with your host country 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 the *Traveler Health & Safety Resources* in my online study abroad program application, as well as all safety and security information provided by my Program provider and/or host institution.
2. I have reviewed the U.S. State Department [Travel Advisory](#) for the Program location(s), including their [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 their [COVID-19 information](#).
4. I understand the risks associated with participating in the Program at this time. I understand that it is possible to contract COVID-19 even if I follow all of the safety precautions and guidelines recommended by the CDC and other federal, state and local government health officials.
5. I am responsible for my personal health and safety.
6. 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.
7. 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 assume all risks associated with my decision to stay.
8. 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 the Program leaders or my SAO International Coordinators for more details about these arrangements prior to confirming my participation in the Program.
9. I understand that any unanticipated travel or lodging costs resulting from the COVID-19 pandemic will be my responsibility.

I hereby certify that I agree to and fully understand the conditions and obligations specified above.

Printed Name: _____

Signature: _____

Date: _____