

LEVEL 4 COVID-19 UNG Employee Acknowledgment Form

The public health risk from the novel coronavirus (COVID-19) global pandemic is real. It is known to spread very quickly via person-to-person transmission, and may spread without any obvious symptoms. As **University of North Georgia** continues to respond to this pandemic, we are adhering to federal, state and local regulations and guidelines to minimize the spread of the virus. However, you have chosen to go to a country currently designated by the CDC as a Level 4: COVID-19 country. In accordance with the CDC definition Level 4 is considered Very High risk. The CDC recommends individuals to avoid travel to these destinations. If you must travel, they advise you to make sure you are fully vaccinated before travel. For more information regarding how COVID-19 Travel Health Notice Levels are determined, visit the following site: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/how-level-is-determined.html>.

Participation in **University of North Georgia** sponsored travel involves a real and potential risk of personal injury including contracting COVID-19.

As a UNG employee, I have been advised and I acknowledge that:

- **University of North Georgia** will not be financially liable for unrecoverable program fees, return travel costs, or other personal expenditures lost as a part of travel.
- **University of North Georgia** will not be able to provide accommodations if my travel is cancelled or otherwise interrupted.
- **University of North Georgia** will not be able to provide residential accommodations or quarantine arrangements, on campus in country or elsewhere in the world, in the event of the cancellation or interruption of my travel. I understand and acknowledge that I am solely responsible for making my own residential accommodations should I be ordered to quarantine or self-isolate while traveling as an employee.
- **University of North Georgia** strongly recommends all employees purchase International Travel and Health Insurance to cover evacuation or other losses for travel and accommodation expenses due to disruption to travel plans resulting from a pandemic. I understand and acknowledge that I am solely responsible for these expenses. **Faculty Led travel**, wherein a UNG Faculty member is accompanying students on a education abroad trip, is covered under UNG's CISI insurance.
- A host institution or local government entity may require me to self-quarantine upon arrival to their destination, and that this quarantine accommodation will be at my own expense. The terms, costs and enforcement of such quarantine(s) is outside the purview of **University of North Georgia**.
- I understand and acknowledge that upon return from my time abroad I may be required by authorities to provide a negative SARS-COVID19 test and self-quarantine, and the details and costs of such arrangements are solely my responsibility.
- I understand and acknowledge that a host institution or local government entity may require me to submit to testing regimes, provide reports on body temperature readings, share travel and contact information upon request, and submit to self isolation and/or quarantine at any point during my program.

- I understand and acknowledge that arrangements for continuity of care and/or treatment of any existing medical or mental health conditions are my responsibility and should be made prior to the start of my travel, and should account for possible travel restrictions and/or lockdowns.
- I understand and acknowledge that US Consular Services and American Citizen Services may be unavailable, restricted, or cancelled without notice, in my program’s destination.
- I understand and acknowledge that cancellations and disruptions to travel arrangements, as well as local and national lockdowns may limit or adversely impact my ability to arrive to – or depart from – my destination, as well as possibly inhibit my movement within the travel country.
- I understand and acknowledge that it is in my best interest to plan one or more contingencies for early departure, pack accordingly, and monitor local news and reliable and reputable information sources to ensure that I am fully informed and aware of the situation in my the destination location.
- I hereby release and forever discharge the University, the Board of Regents of the University System of Georgia, including its members individually, its officers, agents, and employees, from any and all claims or causes of action that may be brought by me or by any other person (including, but not limited to, my estate, family, successors, heirs, representatives, administrators, and/or assigns), including all liability for damage to personal property, personal injury or loss arising out of or related to my observation of and/or participation in this UNG employee travel, whether caused by University's negligence or otherwise, to the fullest extent permitted by law.

By signing below, I hereby certify that I am 18 years of age or older. I confirm that I have read the above Level 4 COVID-19 Acknowledgment Form, fully understand the terms, and agree to be legally bound by them.

Signature: _____ Date: _____

Name of employee: _____