

**STATE UNIVERSITY OF NEW YORK**

*Please type or print.*

Name: \_\_\_\_\_

Last

First

Middle

Program: \_\_\_\_\_

Location Abroad \_\_\_\_\_ Term Abroad \_\_\_\_\_

**For Participants in State University of New York Administered Overseas Academic Activities**

**The public health risk from the novel coronavirus (COVID-19) is ongoing and remains fluid. As SUNY continues to respond to this global pandemic, we are adhering to federal, state and local regulations and guidelines to minimize the spread of the virus. All policies, plans, protocols and procedures have been developed using guidance from the Center for Disease Control, Department of State, New York State Officials and SUNY System Administration.**

**Participation in SUNY study abroad involves a real and potential risk of personal injury, including contracting COVID-19, as well as loss of academic credit and financial repercussions resulting from a disruption of a program.**

**As a participant in a study abroad program, I have been advised and I acknowledge that:**

1. Consistent with SUNY on-campus operations I acknowledge that I am required to be vaccinated against COVID-19 in order to participate in my study abroad program, subject to the health and religious exemptions that will be evaluated individually in light of the circumstances of the individual program. I understand I must be fully vaccinated prior to my program start date.
2. I understand and acknowledge that a study abroad program, host institution, or local government entity may require me to be vaccinated, be subject to testing and mask usage requirements, provide reports on body temperature readings, and share travel and contact information upon request at any point during my program. Exemptions for medical or religious reasons may not be possible in some locations.
3. I authorize my home campus and the SUNY campus administering my program to request or release my vaccination information to/from the Student Health Office and any/or other departments necessary to verify my vaccination status. Additionally, I authorize the release of this information to all relevant offices, officers, agents, and employees of SUNY, education abroad committee, the host institution, program provider(s), and/or on-site director.
4. I am voluntarily participating in this off-campus activity. I further understand that SUNY cannot guarantee a contagious or infectious disease-free environment (including but not limited to COVID-19) on this off-campus activity. By signing this Agreement, I acknowledge the contagious nature of infectious disease, including but not limited to COVID-19, the fact that they can be difficult to identify in another, and the inherent risks of exposure during the off-campus activity to those who may be infected with contagious or infectious disease, including but not limited to COVID-19. I voluntarily assume the risk that I may be exposed to or infected by contagious or infectious disease, including but not limited to COVID-19, by participating in the off-campus activity, and that such exposure or infection may result in personal injury, illness, permanent disability, and/or even death.
5. I understand that the financial liability for unrecoverable program fees, return travel costs, or other personal expenditures lost as a result of my program's cancellation or my decision to return home early will be governed in accordance with the SUNY Agreement and Acceptance of Risk form.
6. I understand and acknowledge that my study abroad program or host university may modify or interrupt in-person teaching and move to remote or online instruction with little or no notice to respond to surges in COVID-19 infection rates or in response to local government instructions.

7. I understand that I must have an alternate academic plan in the event I cannot attend the chosen overseas program (e.g. be prepared to enroll in classes at my home institution). In the event of a program cancellation, SUNY will provide support for student academic continuity planning but I understand that loss of credit may occur if course schedules/availability make continuation of my academic plan unfeasible.
8. SUNY students must carry approved international health and medivac insurance coverage. SUNY may require a trip cancellation policy approved by SUNY, depending on the program requirements, and when not required highly recommends the same policy. While these insurance products are aimed at providing students with broad protection, there may be uncovered expenses that result from disrupted travel plans related to COVID-19. I understand and acknowledge that I may be responsible for these expenses.
9. I understand a study abroad program, host institution, or local government entity may require me to self-quarantine upon arrival to the destination or at any time during the program. The terms, costs and enforcement of such quarantine(s) are outside the purview of SUNY.
10. In the event of a rise in COVID cases at the host institution or in the host country, I understand that I will be expected to follow the requirements of the host institution and local authorities for isolation and the continuity of studies.
11. 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 program, as well as possibly inhibit my movement within my program’s country. Students should refrain from travel to countries with high COVID-19 case rates during their program.
12. I understand and acknowledge that I must remain flexible and willing to adjust to unanticipated changes to my program. I will 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 program’s location.

By signing, I confirm that I have read the above COVID-19 Acknowledgement Form, fully understand the terms, and agree to be legally bound by them.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

FULL NAME (printed): \_\_\_\_\_

PARENT or GUARDIAN’S SIGNATURE (if under age 18) \_\_\_\_\_