

**ACKNOWLEDGMENT AND ACCEPTANCE OF RISK
FOR TRAVEL TO A CDC WARNING LEVEL 3/4 AND DOS TRAVEL ADVISORY LEVEL 3/4
DESTINATION**

1. The travel under this request was approved by the Dean or Vice President.
2. I acknowledge that the DOS has issued a **Level 3 (Reconsider Travel)** or **Level 4 (Do Not Travel)** advisory and the CDC has issued **Level 3 (High COVID-19)** or **Level 4 (Very High COVID-19)** guidance. Information is available at the U.S. Department of State (“DOS”) Travel Advisory website at <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html>, and Centers for Disease Control and Prevention (“CDC”) website at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html>.
3. I acknowledge that the DOS has issued a **Level 3** or **Level 4 Do Not Travel Advisory** for my destination and the CDC has issued a **Level 3** or **Level 4 Avoid Travel Recommendation**. I acknowledge that my participation in this travel may expose me to significant risks and I am responsible for complying with necessary safety precautions related to my essential travel. I understand that the University is not requiring me to participate in this travel, but I am choosing to do so.
4. The University of Akron does not recommend traveling to a Level 3 or 4 destination. By traveling to or remaining to stay in a Level 3 or 4 destination I am making an informed decision and accepting any and all risks associated with a Level 3 or 4 destination. In addition to potential health risks, I understand that am accepting personal financial responsibility for any additional costs and expenses for my travel to this destination over and above my preapproved amount, including but not limited to, costs and expenses with isolation or quarantine or having to modify flights based on isolation or quarantine.
5. I understand that conditions in my destination may change rapidly, and I will stay informed of current events by obtaining updated security and health information from and enrolling in DOS’s Smart Traveler Enrollment Program (STEP) at <https://step.state.gov/step/>.
6. I will comply with all UA, local, state, and national travel guidance relevant to my host destination(s), the destination(s) through which I transit, and upon return to the United States.
7. I understand that because conditions in my destination may change rapidly, I may be required to leave my destination before completing the business purpose or required to stay longer. I agree to make arrangements as soon as possible to return to the United States if UA recalls me. I further understand that the insurance UA has purchased for me currently only covers medical evacuation, political evacuation and natural disaster, and I understand there is currently no coverage to pay for an emergency evacuation flight based on the spread of a disease or pandemic or for quarantine. Finally, I understand that I may not be able to secure return travel for a significant amount of time.

Name (Please Print): _____

Signature: _____ Date: _____