

## **Acknowledgement, Consent, and Assumption of Risk for Essential Travel<sup>1</sup>**

COVID-19 has been declared a global pandemic, and cases continue to escalate in the United States and worldwide.. Consequently, UAB has restricted all non-essential university-related travel. This restriction is consistent with The University of Alabama System's guidance. UAB values your health and safety and is, therefore, formally advising you of this risk. In the event you voluntarily choose to travel, you acknowledge and agree as follows:

- I acknowledge the existence of the COVID-19 Pandemic and its impact in the United States and worldwide.
- I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 during the course of my travel, and such exposure or infection may result in self-isolation if I test positive (separation from those who are not sick), self-quarantine (separation and restricted movement if I may have been exposed), personal injury, illness, permanent disability, and/or death.
- I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and/or others.
- I acknowledge that, even if I and UAB use all reasonable care in our actions, there is still a risk that I may become exposed to or infected with COVID-19.
- I am voluntarily choosing to travel and I knowingly assume any and all risks associated with my travel related in any way to COVID-19. I voluntarily agree to accept sole responsibility for any injury to myself or others, including but not limited to illness, damage, death, loss, claim, liability, or expense of any kind that I or others may experience or incur in connection with my voluntary travel.
- Before and after my travel I agree to follow the recommendations, policies, guidelines, and/or restrictions UAB and the UA System have, or may implement, related to the COVID-19 Pandemic, including but not limited to participation in required symptom screening or other testing, policies and requirements regarding the use of PPE, and/or any other recommendations, policies, guidelines or restrictions (e.g., as required by accrediting bodies or internal policies) imposed or required by UAB.
- In the event that I (a) test positive for COVID-19; (b) show symptoms of COVID-19<sup>2</sup>; (c) become aware that I have been in close contact to a person who has tested positive for COVID-19; and/or (d) am advised to self-quarantine and/or self-isolate by a public health official and/or my medical provider, including any medical professional employed by or acting on behalf of UAB, I will immediately notify my supervisor. I will not return to campus until I have received written clearance from either Employee Health for faculty and staff or from Student Health for students. I acknowledge that in certain instances, UAB may be permitted to disclose my COVID-19 status to others without my consent or authorization as permitted by law.

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<sup>1</sup> This document is for use under [UAB's March 11, 2020 Notification of Required Review of Domestic Travel](#) as well as [the University of Alabama System Domestic Travel Advisory](#).

<sup>2</sup> Please review the [CDC symptoms webpage](#) for a current list of identified COVID-19 symptoms.

I have read this Acknowledgment, Consent, and Assumption of the Risk for Travel Agreement and fully understand its terms. I acknowledge that I am signing this Agreement freely and voluntarily.

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Name (*please print*)

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Signature

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Date