

HARVARD
UNIVERSITY



**DOMESTIC RESEARCH OR STUDY
TAKING PLACE DURING THE COVID-19 PANDEMIC**

**CONDITIONS OF PARTICIPATION and
ASSUMPTION OF RISK AND GENERAL RELEASE**

***THIS IS A RELEASE OF LEGAL RIGHTS -
READ AND UNDERSTAND BEFORE SIGNING***

I am a student at Harvard University (“Harvard”) and will receive or have received funding and/or the opportunity to earn academic credit from Harvard for research or study outside Massachusetts (the “Project”). I have chosen to undertake this Project voluntarily. I was not required to undertake this Project as a condition of receiving my degree. This agreement confirms my understanding of the following:

1. Risks Associated with the COVID-19 Pandemic. I understand that, as a result of the COVID-19 pandemic, local and national governments have enacted or may enact border, travel, and stay-at-home restrictions; and that the trajectory of the virus at the local, national, and international levels is unpredictable. Moreover, health care systems in many locations either are overwhelmed or are at risk of becoming overwhelmed by COVID-19 cases. I further understand that Harvard’s current policy permits Harvard-related travel within the United States for those who are fully vaccinated and prohibits all other Harvard-related domestic travel until further notice, with limited exceptions upon request via a petition process established by the Office of the Vice Provost for International Affairs. I confirm that I either: (a) am fully vaccinated and traveling within the United States; or (b) am not fully vaccinated and traveling within the United States and I voluntarily have chosen to petition for an exception to Harvard’s prohibition against Harvard-related domestic travel.

I understand that all activities I undertake as part of the Project must comply with all national/local/domestic travel restrictions, self-isolation/quarantine requirements, and lockdown orders. I agree to abide by all of these, even if they prevent me from conducting activities that may have been planned as part of the Project.

In addition to the other risks described in this document, I recognize that my participation in the Project means I may be subjected to potential risks, illnesses, injuries, and even death as a result either of contracting COVID-19 or of any actions or omissions of governments, private entities or other parties with respect to COVID-19. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly.

2. General Risks of Travel. I understand that participation in the Project may involve risks not found in study at Harvard. These include, without limitation, risks involved in travel; political, legal, medical, social, and economic conditions in the place in which I will be located during the Project; standards of design, safety, and maintenance of buildings, public places, and conveyances that are different than those common at Harvard; and local weather conditions. I recognize that I may be subjected to potential risks, illnesses, injuries, and even death. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly.

I recognize that my day-to-day choices and behaviors can have a major impact on my health and safety during my participation in the Project and promise to take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that Harvard recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well-being.

3. Although Harvard may be providing funding and/or academic credit for the Project, and may have reviewed my travel plans in light of the information available at the time and permitted me to travel, I recognize that Harvard is not in the position to evaluate, and therefore cannot evaluate, whether the Project will take place in a safe and secure environment. These are judgments that I recognize I must independently make. I take full responsibility for travel both to and from the Project location and agree that I will assume all risks of any such travel.
4. Cost. I understand that I will be responsible for all costs of the Project beyond those covered by any award or financial aid that I may receive, as well as any additional expenses that I may incur during the Project.
5. Standards of Conduct. I recognize that I have an important personal obligation to conduct myself in a manner compatible with local laws and regulations; with all of Harvard's policies and guidance with respect to the COVID-19 pandemic, as set forth on the University's website at <https://www.harvard.edu/coronavirus>; with Harvard's policies for student conduct set forth in my School's *Handbook for Students* or other policy documents, in this Agreement, and in any Project-specific materials; and with the policies of my host institution (if any). I will become informed of, and will abide by, all such laws, regulations, standards and policies, including without limitation those involving the use and sale of drugs and alcohol, and promise to act responsibly and with respect for persons and property. I will refrain from conduct that is improper, offensive, or otherwise inappropriate for the Project, or that is potentially detrimental to my own or others' health or safety. I agree that Harvard has the right to enforce all standards of conduct described above.
6. Risks of Particular Activities. In addition to complying with all national/local/domestic travel restrictions, self-isolation/quarantine requirements, and lockdown orders that may be imposed during the COVID-19 pandemic, I agree not to engage in activities deemed by Harvard or commonly understood to be dangerous to individual safety. These include, but are not limited to, motorcycling, hitchhiking, driving or renting a car, parachuting, bungee-jumping, hang-gliding, riding in private airplanes, rock climbing, white water rafting, scuba diving, and any other activity so designated by Harvard.
7. Health Insurance; Medical Care; Other Emergencies. I understand that I am responsible for obtaining any recommended immunizations before traveling to my destination. During my participation in the Project, I will carry valid and current medical insurance and have a valid insurance identity card to bring. I have reviewed my coverage and have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while participating in the Project. I will be solely responsible for payment in full of all costs of medical care I may receive.

I authorize Harvard to obtain appropriate health care for me in the event that I need it but am unable to obtain it for myself. I further agree to hold harmless and indemnify Harvard for any and all actions taken by Harvard to provide or obtain emergency medical care for me during the Project. I also understand and agree that if I experience serious health problems, suffer an injury, or am otherwise in a situation that raises significant health and safety concerns, then Harvard may contact my parents or any other person whose name I have provided as my "emergency contact." I understand that Harvard ordinarily will not initiate such contact without first having a discussion with me.

8. Project Arrangements. I understand that Harvard does not represent or act as an agent for, and cannot control the acts or omissions of, any host family, employer, transportation carrier, hotel, tour organizer, or other provider of food, goods, or services involved in the Project. I understand that Harvard is not responsible for matters that are beyond its control, and that it cannot warrant the safety or convenience of the circumstances under which I will be living or working.

9. GENERAL RELEASE. Knowing the risks described above, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Project. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify Harvard, and its officers, governing board members, faculty, staff, representatives, employees and agents, from and against any present or future claims, losses, liabilities, costs and expenses for injury to person or property, or for any other damage, which I may suffer, or for which I may be liable to any other person, related to my participation in the Project (including periods in transit to or from my destination), resulting from any cause, including but not limited to negligence on my part or on the part of any of the released parties. However, I understand that nothing in this paragraph shall act as a waiver of any rights I may have under the Massachusetts Workers' Compensation Act.

I certify that I am age 18 or older. I have carefully read and freely signed this Assumption of Risk and General Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the Commonwealth of Massachusetts (excluding its conflict of laws principles), which shall be the forum for any lawsuits filed under or incident to this agreement or the Project.

Signed: _____

Date: _____

Student Name (print): _____

If student is under age 18, the parent and/or legal guardian must sign below:

I, the undersigned parent and/or legal guardian of the student listed above (the "Student"), do hereby consent to his or her participation in the Project and in international travel as part of the Project. I, as the parent of the Student and on behalf of the Student, release, hold harmless and agree to indemnify Harvard, and its officers, governing board members, faculty, staff, representatives, employees and agents, from and against any present or future claims, losses, liabilities, costs and expenses for injury to person or property, or for any other damage, which I or the Student may suffer, or for which the Student may be liable to any other person, related to the Student's participation in the Project (including periods in transit to or from the Student's destination), resulting from any cause, including but not limited to negligence on the part of the Student or any of the released parties.

Signed: _____

Date: _____

Parent/Guardian Name (print): _____

EMERGENCY CONTACT INFORMATION:

United States or home country:

First Contact

Name: _____ Relationship: _____

Telephone (home): _____ Telephone (cell): _____

E-Mail Address: _____

Second Contact

Name: _____ Relationship: _____

Telephone (home): _____ Telephone (cell): _____

E-Mail Address: _____

Site:

Site Name (if any): _____

Sponsor (if any): _____

Telephone (home): _____ Telephone (cell): _____

E-Mail Address: _____