As a student of Lehigh University (“Lehigh” or the “University”), I understand and agree to the following statements:

1. I am being provided the opportunity to participate in a global experience (“Program”) in a foreign country. I have chosen to participate in this Program voluntarily and with full knowledge of the risks involved.

2. 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. Additionally, health care systems in many countries may be overwhelmed or may be at risk of becoming overwhelmed by COVID cases.

3. I understand that Lehigh requires all students to be fully vaccinated and boosted (when eligible), unless they have an approved medical or religious exemption. For reasons related to student safety, the safety of others and travel restrictions, Lehigh strongly encourages all study abroad participants to be fully vaccinated and boosted prior to travel. Unvaccinated students who have been granted a medical or religious exemption from the COVID-19 vaccination by Lehigh may be permitted to travel after engaging in an interactive process with the Study Abroad office. Please note that restrictions may be in place at overseas partners or by countries that will not allow participants to enroll in a given program, or enter or move within a country. Travel restrictions related to vaccination may change quickly and without notice; unvaccinated students approved for travel are responsible for remaining informed of these changing conditions and restrictions. Program modifications needed to accommodate an unvaccinated participant may carry additional costs, which will be the responsibility of the participant.

4. I understand that all activities I undertake as part of my Program must comply with all national/local/domestic laws, 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 my Program. In addition to the other risks described in this document, I recognize that my participation in the Program 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.

5. I have conducted independent research sufficient to determine the risks associated with living, studying and traveling within the destination country. I understand that civil authorities in the country may not be able to protect me as needed and that I may not be able to return to the United States when convenient. I further understand the potential for a significant disruption of my educational continuity.

6. I have read and understood all information on the U.S. State Department website (http://travel.state.gov) about the country in which I will be located during the Program. I also have reviewed the U.S. Centers for Disease Control and Prevention health advisory information relating to travel abroad found at https://wwwnc.cdc.gov/travel, and any additional information available from the World Health Organization website (https://www.who.int/) and International SOS (go.lehigh.edu/isos). With knowledge of this information, I have made the independent judgment to participate in the
Program. I take full responsibility for travel both to, during and from the Program location and agree that I will assume all risks of any such travel.

7. I am aware of my personal medical needs and understand that the mortality rate for those infected with COVID-19 increases with both age and presence of comorbidities. I have been given the opportunity to review and complete the ALAMA COVID-19 Medical Risk Assessment tool found at https://alama.org.uk/covid-19-medical-risk-assessment/ and have made the independent judgment to participate in the Program.

8. I understand that the University cannot guarantee my safety, and I acknowledge that my pursuit of an off-campus program may expose me to significant risk.

9. I have reviewed the Lehigh University Student International Services and Insurance Program: https://www.universityhealthplans.com/custom/Lehigh_study_abroad.html I have determined that I have adequate medical insurance to cover my needs in the destination country (including emergency repatriation coverage) or that I have made a personal decision to supplement this insurance.

10. I acknowledge and affirm that I have read and fully understand the Student Understanding and Agreement I signed and, in particular, (i) Section B (Cost and Payments), which provides, among other things, that all tuition payment policies apply and that, upon my withdrawal or dismissal from the Program, I am responsible for all non-recoverable funds Lehigh has committed on my behalf, and (ii) Section D.1 (General Terms and Conditions), which releases and forever discharges the University from any potential liability resulting from my activities abroad.

11. I understand that if I need to return home from the Program prior to the program end date, I will not have access to Lehigh housing or campus facilities.

12. I understand that I must follow Lehigh and Program provider requirements, codes of conduct and COVID-19 protocols; any violations may result in me being dismissed from the Program and I may forfeit any credit or potential refunds and may be subject to the University’s student conduct process.

13. I understand that Program details and offerings may need to be altered at any time. Lehigh and the Program provider reserve the right to cancel the Program prior to or after departure. Coursework may be offered virtually if travel is disrupted or cancelled.

14. I understand that travel during a pandemic may result in flight disruptions, a need to change my flight, or a need to purchase new airline tickets. I am responsible for reviewing airline information related to flight change fees and for paying any such fees. I also understand that I may incur unanticipated fees or costs related to quarantine, isolation or a stay after my program end date, and that I may be responsible for paying some or all of these fees and costs.

15. This Addendum adds to, but does not replace any of the terms and conditions agreed to by me in the signed Student Understanding and Agreement.

By signing this Addendum, I acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify in another person, and the inherent risks of exposure to those who may be exposed or infected by COVID-19 during my education abroad program and related travel. I further affirm that I have discussed this Addendum with my parent(s)/legal guardian(s) and they support my travel.

STUDENT: _______________________________________
Print Name: _______________________________________
Date: ___________________________________________