

ACKNOWLEDGEMENT OF RISK

The Experiment provides students with health, safety, and security information to help them make informed decisions about participation in The Experiment in International Living. By signing this document:

- I acknowledge that I am aware of and accept all the risks inherent in traveling to and engaging with program participants (fellow students, faculty, staff) and others.
- I understand that The Experiment is committed to meeting its legal and ethical obligation to protect and care for participants on its programs.
- I recognize and acknowledge that my participation in this program may expose me to inherent, unforeseeable risks not within the control of The Experiment.
- Further, I fully understand and accept the following risks:
 - The possibility that I may contract COVID-19 or other infectious diseases;
 - Travel to and from locations may not be safe or medically advisable;
 - Engaging directly with program participants and others, despite following protective measures, may increase the likelihood of my exposure to COVID-19;
 - My risk of harm will be heightened if I am sick or have underlying health conditions, known or unknown;
 - Medical and/or security services, including evacuation, may be limited, restricted or unavailable;
 - Governments may respond to a COVID-19 outbreak by imposing public health measures (e.g. quarantine orders, local travel restrictions) that restrict movement with little notice;
 - The COVID-19 pandemic may result in an increase in crime, public disorder, looting, robberies, unrest, attacks, arrests, and harsh government and law enforcement responses;
 - There could be an increase in targeted attacks on health, aid, or other international workers;
- I understand that The Experiment will hold a pre-departure health and safety orientation facilitated by program staff about the risks listed above. I agree to participate in this orientation.
- I also understand that I will be provided with a program-specific COVID-19 Risk Management Plan during that orientation that outlines basic measures being taken to mitigate risks during the program.
- I have considered whether these risks are beyond my acceptable level of risk considering my personal, household, and familial health risks and conclude that I am able to tolerate these risks. My decision to participate in the program is fully voluntary and informed. I assume personal responsibility for my choice to undertake this program and I accept, assume, and acknowledge the risks inherent in doing so, including but not limited to, the risks described or referenced herein and in the relevant health and safety guidance.
- In the event of an accident or illness requiring medical attention, I authorize The Experiment and its agents to seek emergency or first aid assistance for me and to release medical information and incident reports to insurance companies and other persons or authorities deemed appropriate (e.g. my listed emergency contact).

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- I have been advised to consult with a medical doctor regarding my personal medical needs. I acknowledge and assume the responsibility for obtaining all required medical advice, and/or medications from a healthcare professional prior to engaging in travel and the program. I have reviewed information about recommended and required immunizations, if any, and have obtained any required vaccinations/immunizations. I represent that I do not have any health-related reasons or problems that preclude or restrict my undertaking this program. I further promise to notify The Experiment of any relevant changes to my health status that could impact my health needs while on the program.
- I understand that I am subject to all local laws, regulations, ordinances or other government-issued orders while participating on the program. Therefore, I agree to abide by all local laws and otherwise conduct myself in a manner that reflects the values of The Experiment. I understand that taking steps to protect myself and others in my presence from the risks of COVID-19 and other communicable diseases is expected of me and failure to do so may result in disciplinary action up to and including dismissal.
- I recognize and acknowledge that I have a responsibility for following all policies and procedures relating to my participation in the program, including but not limited to: reading and following policies found on The Experiment's website; adhering to any schedules or restrictions for the entirety of the program; completing and returning the Conditions of Participation and Statement of Responsibilities document; reading and understanding the COVID-19 Risk Management Plan for my program and staying up-to-date on CDC and State Department guidance.

I agree to read all pages of this acknowledgment of risk document and COVID-19 Risk Management Plan for my program and to ask questions or share any concerns with The Experiment staff prior to signing this document.

By signing below, I express my understanding of the risks listed above and my intent to willingly and voluntarily assume those risks while undertaking this program.

Participant Name

(Please print)

Participant Signature

Date

Parent/Guardian Name

(if Participant is under age 18)
(Please print)

Parent/Guardian Signature

(if Participant is under age 18)

Date

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