

SECTION III: GROUP TRAVEL

Are you completing this application for independent travel or on behalf of a group?

Individual Program (e.g., research team, domestic travel program or travel with students, etc.)

Number of Travelers (excluding self)*:

Program Name, Name(s) of Participant(s) or Guest(s):

Undergraduate Student(s):	
Graduate Student(s):	
Faculty/Staff(s):	
Travel Companion(s) or Guest(s):	

Participants:

By checking this box and as the trip leader, I certify that I have provided Appendix A: Assumption of Risk for Travel to each of the participants listed in box above and have received a signed copy for my records.

SECTION IV: SIGNATURES

Individual Traveler, Academic Director, or Trip Leader:

By checking this box and typing my name below, I certify that I have reviewed and completed this application to the best of my ability and agree to the conditions outlined in Appendix A: Assumption of Risk for Travel.

Name:

Date:

Program Chair, Director of Department, Dean, or Director of School:

Approved: I certify that this travel is essential and I have considered the health and safety implications.

Denied: I do not approve this travel (Please provide a reason for denial)

Name:

Title:

Date:

SECTION V: SUBMISSION INSTRUCTIONS

UTAC applications should be submitted as soon as possible before proposed travel or as soon as travel is anticipated, to utac@gmu.edu. If electronic submission is not an option, submit hard copies to:

University Travel Advisory Committee c/o Risk Management
4400 University Drive, MSN 6D6, Fairfax, VA 22030
Located on the 3rd floor of the Merten Hall (Fairfax campus).

FOR UTAC USE ONLY

Name of Applicant:

Location of Travel:

Dates of Travel:

Date of Review:

APPROVED without stipulation

APPROVED with the following conditions:

DENIED for the following reason(s):

UTAC Co-Chair or Designee Name:

UTAC Co-Chair or Designee Title:

UTAC Co-Chair or Designee Signature:

Date:

APPROVED Travel:

If your request for a exemption was approved, you may travel subject to any conditions stated above. Due to the dynamic nature of risk management concerns for any domestic travel, any approved UTAC exemption applies ONLY to this trip and for the stated travel dates provided on this application

Changes in travel and/or conditions after UTAC Approval:

If travel plans are adjusted after UTAC approval has been granted; the traveler or program/activity sponsor is responsible for contacting the UTAC to discuss modified travel arrangements. If there is a change in circumstances – in terms of the proposed itinerary, the critical nature of the trip, or the health, safety, or security climates of the region of interest – either prior to, or after departure, the University retains the right to rescind UTAC travel approval and/or require return to the U.S.

DENIED Travel:

If your request for a restricted travel exemption was denied, the proposed traveler(s) are not authorized to travel . Travelers who engage in unauthorized travel may not receive any sought academic credit as per George Mason University Policy 1134 – *University-Sponsored or University-Related International Travel*, may not be reimbursed for any expenses associated with their travel (if eligible) as per George Mason University Policy 2101 – *Travel Authorization and Reimbursement*, and may be subject to disciplinary action. Appeals to the UTAC decisions should be directed to the Office of the Provost.

APPENDIX A: ASSUMPTION OF RISK FOR TRAVEL

I am aware that my travels may take me to a region experiencing community spread of Coronavirus. I confirm that I have read and understand the CDC Health Alerts and that, despite this travel alerts, I have voluntarily made the decision to proceed.

I recognize that there are risks associated with all travel. I further understand and acknowledge that travel to this region at this time exposes me to risks of a greater likelihood and magnitude than those normally associated with travel. These risks include, but are not limited to, those described within the CDC Health Alerts, as well as risks associated with ground, air or water transportation, adverse weather conditions, communicable disease, medical care, substandard building construction or maintenance, civil unrest, terrorism, war, and negligent or criminal acts of third parties. I understand that should any of these adverse circumstances occur the result could include bodily injury, death, or property damage. I recognize that the Commonwealth of Virginia, the Rector and Visitors of George Mason University, its employees, and agents (hereinafter collectively referred to as the "University") cannot guarantee my safety or health.

I agree that during my travel that it will be my responsibility to regularly check the CDC and other websites to stay apprised of, and updated on, any and all travel advisories to the places I am currently visiting or will visit as part of my travel.

I understand and acknowledge that this travel is currently restricted by the University and University Policy 1134. In full consideration of the risks associated with this travel and the restrictions the University places on such travel, I understand and acknowledge that I am submitting this application for an exception to University Policy Number 1134 under my own free-will and without any threat, duress or coercion by the University.

With the intent to be legally bound, I acknowledge and represent that I have read this Assumption of Risk for Travel and understand that by signing this Application for Travel I am agreeing with the terms set forth herein, with full knowledge of the possible risks associated with travel.