

Earthwatch Institute 300 Washington St., Suite 713 Newton, MA 02458

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Earthwatch COVID-19 and other Infectious Illnesses Disclosure & Acknowledgement Form

Earthwatch is pleased to welcome you into the field to participate in hands-on field science. Before you join one of our expeditions or programs, we would like to share our practices and expectations in regards to COVID-19, so you can make an informed decision about whether you feel comfortable to participate. While the risk of contracting infectious illness, including, but not limited to, common viral respiratory illnesses like COVID-19 and related variants, respiratory syncytial virus (RSV) and influenza cannot be eliminated, all team members can take steps to help reduce the risk of transmission.

Earthwatch collaborates with our scientists and partners around the world, and continually monitors health and travel guidance from trusted authorities such as the U.S. Centers for Disease Control and Prevention (CDC), the U.S. State Department, the World Health Organization (WHO) and our independent travel medical and security advisor. We will use this guidance and our best judgment to make changes to our expeditions or programs in order to reduce the risk of illness for our participants, staff, scientists, field staff and the local communities in which we work.

Our requirements, decisions and practices may change at any time, including at the last minute or during your expedition or program, as we learn new information or recommendations from authorities change. Please contact Earthwatch if you have questions about your specific program.

BEFORE FIELDING

Earthwatch strongly encourages all team members to stay up-to-date with your vaccinations.

You are also strongly encouraged to test for COVID-19 within 24 - 48 hours prior to travelling to your expedition, particularly if you are experiencing symptoms.

Do not travel to your Earthwatch expedition or program if you are sick or have tested positive for COVID-19, and you have not met the CDC's Guidance on Preventing the Spread of Respiratory Illness. Call Earthwatch immediately for next steps.

Earthwatch is maintaining flexible transfer options in order to encourage responsible participation. In the event of a cancellation due to a documented positive test for COVID-19 prior to travel, you will have the option to transfer to another expedition or transfer your contribution into an Expedition Fund for future use.

We highly recommend that everyone, particularly those at a higher risk of severe illness, consult with their health care provider about whether to participate in an Earthwatch expedition or program at this time.

PRECAUTIONS DURING THE PROGRAM

You must bring a supply of face masks with you for your personal use, in the event they are needed. Masks rated as more effective (such as N95 or equivalent) are strongly recommended. COVID tests, a thermometer and hand sanitizer are also recommended. Earthwatch supports a mask-friendly environment on all programs. In settings where masks are optional, any individual who prefers to continue to mask will be supported in that decision.

You will be expected to monitor your own health on a daily basis and report any symptoms to program staff right away.

IN THE EVENT OF SYMPTOMS OR A POSITIVE TEST DURING THE PROGRAM

In line with CDC or local guidelines, Team Leaders have the right to require: testing, limits on activities, isolation or medical attention for symptomatic individuals in order to limit transmission.



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Further, Team Leaders have the right to require the use of face masks, testing, or other additional precautions for any or all team members, whether symptomatic or not, in the event one or more persons on site display symptoms of or test positive for an infectious illness.

Isolation may not be not possible at the program location, so you may be asked to leave the program in order to do so. Requirements, distance, availability and cost vary by location. You will be responsible for any expenses, including testing, medical care, medications, additional transportation, or isolation expenses that are not covered by insurance.

Earthwatch will help you find and get to medical care, arrange transportation, open an insurance claim, and/or consult with our emergency assistance provider as appropriate. Prescriptions for medication must be issued directly to the patient; project staff cannot obtain prescriptions on behalf of a participant. Earthwatch and Team Leaders will make decisions about masking, limiting activities, and isolation, including who must leave the expedition or program, or who is allowed to return, based on guidance from the appropriate authorities and on a case-by-case analysis.

If a minor must depart from an expedition to isolate, a parent or guardian will be required to take over their supervision and care, preferably within 24-hours, but no later than 48 hours. This may require the parent/guardian travel to the child's location. Any expenses not covered by insurance will be the responsibility of the parent/guardian.

In the event you must limit activities, isolate and/or depart from a program due to illness, you will not be entitled to a refund of the contribution for the program, nor any expenses incurred by participation on the program. We strongly encourage you to purchase travel insurance that will cover this eventuality.

COMPLIANCE

Your compliance and diligence will be required in order for these measures to be effective. If you do not comply with these expectations, or your behavior is judged to be a threat to the health and/or safety of you or anyone on your team, you may be removed from the expedition or program. You will be responsible for the costs associated with your early departure in this scenario and will not receive a refund or credit.

We appreciate your support and cooperation in helping us maintain the well-being of your team.

I (OR THE PARENT OR GUARDIAN OF A MINOR) HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS DOCUMENT.

Participant Name:		Date of Birth: (dd-MON-yyyy)	
Participant Signature:		Date of Signature: (dd-MON-yyyy)	
Name(s) of custodial parent or legal guardian:			
Relationship to the Participant:			
Signature(s) of custodial parent or legal guardian:			
Date of Signature: (dd-MON-yyyy)			