



Travel Well Pledge

Please complete and submit this form to your Tauck Director on the first day of your trip.

By joining a Tauck journey, it's important that every guest assumes personal responsibility for their own health to help protect the well-being of their fellow travelers, the Tauck staff, our supplier partners and the places we visit. To assist us in this important goal, we are implementing this *Travel Well Pledge*.

Trip Start Date: _____

Name of Trip: _____

Name (as shown in passport): _____

Initial

I confirm that I have been tested for COVID-19 within five days of departing for this journey and that the result of the test was negative

I confirm that I do not currently have, and have not had, a fever (100.4 F° / 38 C° or higher), felt feverish, had chills, a cough, difficulty breathing or other symptoms of COVID-19 since being tested prior to departing for my Tauck journey.

I confirm that I have not had close contact with, or helped care for, anyone suspected or diagnosed as having COVID-19, or who is currently subject to health monitoring for possible exposure to COVID-19 since being tested prior to departing for my Tauck journey.

I understand that Tauck cannot guarantee that I, or those I'm traveling with, will not become infected with COVID-19. As such, I agree to hold Tauck harmless and voluntarily assume all risks and related expenses in the event that I, or any member of my traveling party, becomes infected with COVID-19.

I pledge that the above declarations are true and correct and understand that any dishonest answers may have serious public health implications. I agree to take personal responsibility for my own health and well-being, to practice social distancing in shared spaces, and to follow the instructions of Tauck staff and their supplier partners regarding health protocols. I understand that noncompliance with these measures by myself or my traveling party will result in our party not being able to continue on this Tauck journey.

Signature: _____

Guardian Signature: _____

(Required if above person is under 18 years of age)

Date: _____