

**Wellness Declaration Form
Self-Declaration by Traveler**



The safety of our employees, supplier partners, customers, families, and guests remain our overriding priority. **In order to participate in our tour, each guest must attest to the following declaration by signing below:**

- I have not been diagnosed with COVID-19 in the last 14 days.
- I have not had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days.
- I am not experiencing any cold or flu-like symptoms at the time of trip departure.

**Travel Liability Waiver
COVID-19 Assumption of Risk/Release**

Assumption of Risk

I expressly acknowledge that naturally occurring diseases and viruses (including, but not limited to, the currently widespread COVID-19) may be present and actively occurring in all environments in which this tour will take place. I acknowledge the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I also understand that if I am older or have underlying conditions, I may be more prone to serious infection and death due to COVID-19.

I acknowledge that, Friendship Tours & The Ship Shop, its agents, owners, officers, employees, and suppliers, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively "The Company"), has taken steps to mitigate the potential for transmittal of, and exposure to COVID 19 during the tour, but that exposure to such viruses or disease is an inherent risk of participating in the tour, one that cannot be eliminated by The Company.

By signing this agreement, I acknowledge the highly contagious nature of COVID-19 and voluntarily assume the risk for myself and any minors traveling with me, that I or they may be exposed to or infected by COVID-19 by participating in the tour and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while on the tour, may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Company employees, agents, suppliers, and other participants in the tour. I agree that having considered these risks, I, for myself and any minors traveling with me, desire to participate in the tour and I freely and voluntarily assume complete personal responsibility for the risk of exposure, illness and death due to COVID-19, for myself and any minors traveling with me, even if such injuries or death occur in a manner that is not foreseeable at the time this agreement is signed.

Waiver

I, for myself, and any minors traveling with me, and on behalf of my and their heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS The Company, its officers, agents, and/or employees, suppliers, and other participants (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY, DEATH OR ANY OTHER LOSS I may suffer due to exposure, infection, or spread of COVID- 19, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND WELLNESS DECLARATION, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

No additions, deletions or changes can be made to the release form, and signing it is a requirement for joining the trip.

X _____
Signature

X _____
Date

X _____
Print Name

X _____
Trip Name & Trip Date