

WELL-BEING TRAVEL DECLARATION

At Insight Vacations, we are committed to the well-being of our guests, suppliers and teams across the globe. It's essential that, more than ever, our global network also take personal responsibility to help protect each other, and the people and places we visit. Together, to achieve this goal, we have implemented the **Insight Vacations Well-being Travel Declaration**. All suppliers, team members and guests that come together to create and experience any Insight Vacations journey, must sign this pledge in order to be able to join the trip.

Trip Date: _____ Trip Name: _____

Name (as shown in passport): _____

Names of all children traveling with you under the age of 18:

I pledge to take personal responsibility for my well-being and help protect that of others. In doing so:

(i) I confirm that during the 14 days prior to the start date of my trip, I nor any person listed above:

- have tested positive for COVID-19, 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.
- have had or currently have a fever (100.4 F° / 38 C° or higher), feel feverish, have chills, a cough, difficulty breathing or other symptoms of COVID-19 during the 14 days prior to my trip.

(ii) I understand that when on my trip:

- I agree to follow all signage, instructions, and directives from my Travel and Well-being Director and partner suppliers.
- I agree to follow hygiene practices recommended by the World Health Organization, practice physical distancing and comply with protocols on trip, including the wearing of face masks and gloves when required, in accordance with local government regulations.
- Should I, or others in my traveling party, not comply with outlined measures, I understand that I may be unable to continue my trip.
- Should I, or any others in my traveling party become ill, all related expenses are my responsibility.

I pledge that the above declaration is true and correct, and understand that any dishonest answers may have serious public health implications. I also understand that, should there be any changes once signed, I must alert Insight Vacations. I acknowledge and accept that in choosing to travel with Insight Vacations, I voluntarily assume all risks related to exposure to COVID-19.

Signature: _____ Date: _____