

Uniworld is committed to the well-being of our travelers, crew members and partners. It is essential that we all take personal responsibility. This must be completed online prior to arrival.

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

**Upon arrival and prior to joining my trip, I will be able to present one of the following:**

- Authentic COVID-19 vaccination certificate (electronic or paper showing date and time of vaccination(s)) with final dose given at least 14 days before departing for this trip or
- Verifiable negative test result for COVID-19 (electronic or paper showing date and time of test) taken within 72 hours prior to embarkation/arrival.

**I acknowledge and understand that I will also need to comply with specific requirements imposed by airlines and/or countries which may differ from the vaccine/testing requirements listed above.**

- It is my responsibility to comply with airline carriers' and countries' requirements and present valid documentation for my flight and/or entry.
- Airline carrier's test requirement may be different from Destination(s) test requirement and I need to comply with both.

**During the trip:**

- I will follow all signs, instructions, and directives from the Uniworld Hotel Manager, Cruise Manager and other crew members.
- I will follow good hygiene practices to include proper physical distancing, wearing a face mask and gloves when required, and following local government regulations. If exempt from wearing a face mask or other such requirement due to health impairment or disability, I will carry proof, such as a doctor's note, to show if requested.

**By signing this declaration, I acknowledge and confirm that:**

- **Failure to comply with the Travel Declaration may result in my removal from the trip.**
- **I understand there are inherent risks with COVID 19, and I agree to accept and assume all risks and costs related to COVID-19 while traveling with Uniworld.**
- **I release Uniworld, its employees, officers, directors, and agents from any and all claims that may result from COVID-19 related illness, injury, quarantine or death.**

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_, 2021