



Knutson Travels Wellness Pledge

By joining a Knutson Travels Tour, it is important that every guest assumes personal responsibility for their own health and to help protect the well-being of their fellow travelers, Knutson Travels staff, supplier partners and the places we visit. To assist us in this important goal, we are implementing the *Wellness Pledge*.

This form must be completed and submitted to your Knutson Travels Director on the first day of your trip.

Trip Start Date: _____

Name of Trip: _____

Name (as shown in passport): _____

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

I confirm that during the 14 days prior to the start date of my Knutson Travels Tour, 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.

I confirm that I, nor any person listed above has, or has had, a fever (100.4 F° / 38 C° or higher), feel feverish, have chills, a cough, difficulty breathing or other symptoms of the COVID-19 during the 14 days prior to my Knutson Travels Tour.

I pledge that the above declaration is 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 and also for all children under 18 traveling with me; to practice physical distancing in shared spaces and to follow instructions of Knutson Travels and their supplier partners regarding health protocols. I understand that non-compliance of these measures by myself or any member of my traveling party will result in our party not being able to continue on this Knutson Travels Tour. I understand that if I, or any member of my traveling party, become ill on tour, that all related expenses are my responsibility.

Signature: _____

Date: _____