

## 2025 Tour Health and Safety Pledge – Within U.S.

Your health and safety and that of your fellow tour members is very important to us.

While Vesterheim no longer requires proof of vaccination to participate in tours, we recommend:

- updating your vaccinations before you travel (Covid, Flu, etc.).
- trying to be in shape for the level of walking required on the tour.
- limiting your exposure to large indoor gatherings a week before the tour.
- purchasing trip insurance with medical benefits in case of illness or injury.

To help safeguard your health as well as that of your fellow tour members and tour leaders, we ask all tour members to agree to the following conditions. Please indicate your agreement by checking the box next to each item and signing below.

I agree to take personal responsibility for my own health and wellbeing while on tour. If I am asked to attest to my health on tour, I will do so honestly. If I exhibit symptoms of any contagious illness, I will notify the Tour Leader, and, if requested, test for contagious illnesses at my own expense as a condition of continuing the tour.

I agree to follow all safety precautions and health directives set by my tour Leader.

I understand that these safety precautions may include (but are not limited to):

- maintaining proper social distancing.
- handwashing properly, using hand sanitizer, etc.
- using face masks (N95 or KN95 covering nose and mouth).
- carrying proof, such as a doctor's note, if exempt from wearing a face mask due to health impairment or disability to show if requested.

I agree to comply with CDC guidance regarding travel, isolation, and quarantine. Any personal injury or illness incurred during the tour requiring me to leave the tour will be at my own expense.

I understand that noncompliance with the conditions listed on this Health and Safety Pledge by myself or those traveling with me will result in not being able to continue the tour.

**IMPORTANT:** Each tour member must complete, sign, and submit this form prior to participating in this tour.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_