

Date:

WELL-BEING TRAVEL DECLARATION

At Uniworld we are committed to the well-being of our guests, crew members and local partners across the globe. It's essential that more than ever we take personal responsibility to help protect each other, and the people and places we visit. Together, to achieve this goal, we have implemented the *Uniworld Well-Being Travel Declaration*

Ship	(Choose one):							
	S.S. Antoinette		S.S. La Venezia		River Empress		Ganges Voyager II	
	S.S. Beatrice		S.S. Maria Theresa		River Princess		Mekong Jewel	
	S.S. Bon Voyage		S.S. São Gabriel		River Queen		Sanctuary Yangzi Explorer	
	S.S. Catherine		S.S. Sphinx		River Tosca		Aria Amazon	
	S.S. Joie de Vivre		River Duchess		River Victoria			
Trip [Departure Date:		State	Room N	umber:		_	
Name	e (as shown in passp	ort):						
Name	es of all children trav		h you under the age o					
		8	, ,					
I pled	lge to take persona	l respons	ibility for my well-b	eing and	l help protect that	of other	s. In doing so:	
(i)	I confirm that during the 14 days prior to the start date of my trip, neither I nor any person listed above:							
()	Have tested positive for COVID-19, had close contact with, or helped care for, anyone suspected or di-							
	agnosed 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 th	I understand that when on my trip:						
	 I agree to have my temperature taken upon embarkation, and throughout the cruise, using touch-less technology. 							
	 I agree to follow all signage, instructions, and directives from the Uniworld Hotel Manager, Cruise Manager or Captain. 							
	 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 require 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 cruise.							
	• Should I, or	any othe	rs in my traveling pa	rty beco	me ill, all related e	expenses	are my responsibility.	
		eclaratio	n is true and correct Inderstand that shou	and und uld there	lerstand that any o be any changes o	dishonest nce signe	answers may have serious d it's my responsibility to aler	
publi	ge that the above d c health implication niworld staff imme							
publi the U	c health implication niworld staff imme	diately.	oosing to travel with U	Jniworld,	I voluntarily assum	ne all risks	related to exposure to COVID-1	
publi the U	c health implication niworld staff imme	diately.	oosing to travel with U	Jniworld,	I voluntarily assum	ne all risks	related to exposure to COVID-1	