



EVENTS IN ITALY, INC.

Travel Well Pledge

Please sign, date, and deliver this form to the representative of Events in Italy, Inc. on the first day of the tour organized by Events in Italy, Inc. (the "Tour").

This is a non-negotiable requirement for participation in the Tour.

By joining the Tour, every participant assumes personal responsibility for their own health and well-being. This will help to protect the health and well-being of other participants in the Tour, the Events in Italy, Inc. staff, employees, agents, suppliers, and the places to be visited on the Tour. To assist Events in Italy, Inc. in this important goal, we are implementing this *Travel Well Pledge*.

For purposes of this Travel Well Pledge, "I" means _____

Name (as on passport, printed)

Initial

_____ I confirm that I have documentation, such as the CDC COVID-19 Vaccination Record Card, indicating that I am fully vaccinated and received the final dose, and any subsequent required doses, at least 14 days prior to the start of this tour.

_____ I confirm that I do not currently have, and have not recently had, a fever (100.4 F° / 38 C° or higher), felt feverish, had chills, a cough, difficulty breathing or other symptoms of COVID-19, or any variant thereof.

_____ I understand that Events in Italy, Inc. cannot guarantee that I, or those I'm traveling with, will not become infected with COVID-19 or any variant thereof. As such, I agree to hold Events in Italy, Inc., its staff, employees, agents, and suppliers, harmless and voluntarily assume all risks and related expenses in the event that I, or any member of my traveling party, becomes infected with COVID-19 or any variant thereof.

I pledge that the above declarations are true and understand that any dishonest answers may have serious public health implications. I agree to take personal responsibility for my health and well-being, to follow all health and COVID-19 protocols – such as wearing a mask and social distancing – as mandated by the Italian government or local authorities, Events in Italy, Inc., its representatives, or its suppliers, or the places visited on the Tour.

I understand that noncompliance with these measures will result in my not being able to continue on this Tour.

Dated this _____ day of _____ 2022

Signature