

Walking Adventures International
COVID-19 Travel Waiver

Due to the phenomenon of COVID-19, certain unique conditions are here described for the benefit of all who participate in a Walking Adventures International (“WAI”) tour. Please read the following statements and sign below to indicate that you understand and agree with these statements.

1. *I have read the WAI COVID-19 tour procedures document, [Our Approach to Fun but Prudent Travel](#), and understand how the tour will be operated with respect to COVID-19 mitigation procedures.*
2. *I am fully aware of my health condition, especially as it relates to COVID-19, and understand that it is my choice to participate in the tour. I understand that WAI recommends a checkup with my medical professional to advise me on my participation in this tour. I release WAI from responsibility for any health-related problems that may result from participation in the tour.*
3. *In the unlikely event that restrictions within the state or country change during a tour, the tour will continue to operate but will adapt the itinerary as needed depending on the circumstances. I understand that WAI tour leaders may alter the itinerary for the benefit and safety of the group. I will not hold WAI responsible for reimbursement of any interruption to the itinerary. I further understand that I may choose to leave the tour at any time and that any costs related to leaving the tour will be borne by me and not WAI.*
4. *If I happen to become ill during the tour, regardless of the cause, WAI guides and local partners will provide access to medical care, if requested or deemed necessary. I understand that any costs related to my medical care, or related to my need to separate from the group because of my need for medical care, are my responsibilities and not those of WAI.*
5. *In the unlikely event a tour member is diagnosed with coronavirus, the tour will follow directives from local authorities. This could include quarantine of the individual or of some or all of the group. WAI will work with local partners, as well as local and international authorities to help travelers obtain medical care and lodging and other essential needs. Though unlikely, any unexpected costs related to quarantine or other COVID-19-related costs will be borne by me, the traveler, and not by WAI.*
6. *I understand that WAI encourages travelers to strongly consider travel insurance and to seek expert advice from a travel insurance specialist to fully understand what is covered. I understand that Cancel for Any Reason coverage must be purchased within a certain number of days of registering for a tour.*
7. *I will not sue WAI and agree to indemnify and hold WAI harmless from any and all liabilities or claims made as a result of receiving services and the matters pertaining to this document except in the case of gross negligence or willful misconduct of WAI. This shall also apply to my heirs and beneficiaries.*

I understand and agree to each of the above statements.

Name (printed)

Tour

Signature

Date

Revised March 29, 2021