

# Waiver of Liability for COVID-19



First Name:..... Last Name: .....  
Exchange Organization:..... Country of origin:.....  
Chosen Trip(s) .....

Belo USA Travel, Inc cannot guarantee that you will not become infected with COVID-19. In fact, traveling on a Belo USA Travel, Inc Trip and participating in its activities could increase your risk of contracting COVID-19 or similar communicable disease.

I, the undersigned, represent that (a) I am over the age of 18 years; (b) I am either the parent or legal guardian of the minor child/ward identified above; (c) I am competent to execute, and have the authority to execute, this Waiver of Liability (“Waiver”) on behalf of myself and my child; and (d) I have executed this Waiver freely and voluntarily after having read it carefully and having understood its terms.

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Initials of Student

### COVID-19 REPRESENTATIONS

I represent and warrant that I will not participate on a Trip if (a) I am aware, as of the date of the Trip, that I have contracted and not completely recovered from COVID-19 or another communicable disease; (b) I am aware, as of the date of the Trip, that I have been exposed within the prior two weeks to someone who had contracted or was subsequently determined to have contracted, COVID-19 or another communicable disease; (c) I have been tested for COVID-19 or another communicable disease but not yet received the results of such test; or (d) I have symptoms consistent with having contracted COVID-19 or another communicable disease. I also represent and warrant that, during the course of the Trip, I will comply with all applicable local laws or regulations and guidelines imposed by Belo USA Travel, Inc and any Trip venue regarding COVID-19 and any other communicable disease, which may include verification of vaccination, wearing masks, a daily symptoms check, temperature checks, and/or COVID-19 testing.

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Initials of Student

By signing this agreement, I acknowledge the contagious nature of COVID-19 or similar communicable disease and voluntarily assume the risk that I may be exposed to or infected by COVID-19 or similar communicable disease by participating on the Trip and that such infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming infected by COVID-19 or similar communicable disease on the Trip may result from the actions, omissions, or negligence of myself and others, including, but not limited to Belo USA Travel, Inc employees, vendors (and their employees) and other passengers. I understand that complete knowledge of the risk factors of contracting COVID-19 or similar communicable disease is not complete and that having considered these risks, I desire to participate on the tour, and I freely and voluntarily assume complete personal responsibility for the risk of exposure, illness, and death due to COVID-19 or similar communicable disease, even if such injuries or death occur in a manner that is not foreseeable at the time of this agreement signed.



- 1 . This document has to be signed by You, Your Natural Parents and Your Host Family.
- 2. **BOTH PAGES** of this document has to be uploaded to the Tour Authorization portal using the link in your confirmation email.

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First Name:..... Last Name: .....

In the event that I contract COVID-19 or similar communicable disease while on the Trip, I assume all financial responsibility for medical visits, hotel rooms and meals for myself and a staff member during my mandated quarantine.

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Initials of Student

I understand that if I cannot attend my Trip due to testing positive for COVID-19 before the Trip begins, my reimbursement will be up to the discretion of Belo USA Travel, Inc.

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Initials of Student

If the Trip I signed up for with Belo USA Travel, Inc is cancelled due to the US government, trip destination state government and/or CDC mandating a shutdown to slow the spread of COVID-19 or similar communicable disease, I understand that Belo USA Travel, Inc has up to nine (9) months from my Trip starting date to issue my reimbursement of 90% of the total amount paid to the date of cancellation.

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Initials of Student

### Student

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Signature of Student Date

### Natural Parent(s)

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Name(s) Signature of Natural Parent(s) Date

### Host Parent(s)

.....  
Name(s) Signature of Host Parent(s) Date

