



THE GOVERNMENT OF BERMUDA

Dear Household Member,

Effective Sunday, 26 September 2021, unvaccinated travellers who wish to quarantine in a household with others must obtain the consent of all adults in the household to be allowed to quarantine there, else they must quarantine at a paid accommodation at their own expense:

1. If the traveller applies to quarantine at home and there are other household members residing in the house or accommodation in which they will quarantine, all other household members must comply with the following. Household members:
 - (a) must quarantine at home with the traveller during the remaining period of their 14 day quarantine;
 - (b) cannot attend work or school;
 - (c) must wear a red wristband during the quarantine period; and
 - (d) must obtain a COVID-19 test at the end of the quarantine period (test at the same time as the traveller's Day 14 test).

A traveller from your household acknowledges that you reside at the same address that the traveller is seeking approval to quarantine at home. To confirm your agreement to quarantine at home with the traveller please review, sign and submit the Home Quarantine Waiver for household members.



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HOME QUARANTINE WAIVER – MEMBER OF HOUSEHOLD

First name:

Middle name:

Last name:

Birth day:

Birth month:

Birth Year:

Traveller Name(s):

Travel Authorisation# for traveller(s):

Address in Bermuda:

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- I understand that I have been identified as a person residing in the same house or accommodation as a traveller to Bermuda and I will be subject to the quarantine requirements set out in the *Quarantine Act 2017* (the “Act”) and any regulations or orders made in accordance with the Act, including the *Quarantine (COVID-19) (No.4) Order 2020* (the Act and any regulations or orders are collectively referred to as the “Orders”).
 - I understand that I will be responsible for the all health and accommodation costs and expense (including legal expense) should I require treatment and/or quarantine, whether related to Covid-19 or otherwise.
 - I confirm that I willingly provided information and data contained in the Home Quarantine Application form (“Form”) for public health reasons in accordance with applicable local laws and I consent to use of the Form. I declare that the information or data given on the Form is accurate and complete.
 - I acknowledge that if I have not declared information or data on the Form accurately and completely, I may have committed an offence under the *Orders* and I may be subject to a fine of \$25,000 and/or imprisonment.
 - I declare that if at any point during my quarantine period in Bermuda, I become Covid-19 positive or if I become a close contact of a Covid-19 positive person, or if I have Covid-19 symptoms, or if I become clinically diagnosed with Covid-19 at any point, I will isolate at my place of residence or accommodation for at least 14 days.
 - I confirm that as a result of providing such information or data, I shall indemnify, hold harmless and defend the Government of Bermuda, its public officers, employees, or other representatives from and against all actions, claims, demands, loss or expense (including legal expenses).
 - I declare that I, and any person residing in the same household that I am responsible for, shall follow all quarantine requirements set out in the Orders and instructions related to public health matters, including wearing a traveller wristband (“Wristband”). By wearing the Wristband, I shall not tamper with or remove the Wristband, without prior written consent. I shall be liable for all costs and expense (including legal expense) (“Charges”) arising as a result of Charges incurred because of my fault in interfering with the Wristband.
 - I declare that I will quarantine at my place of residence or accommodation until I have received the results of my Covid-19 test and the results are negative for Covid-19.
 - I declare that I will have a Covid-19 test on Day 14 after the arrival of the traveller(s) residing in the same household as me.

COVID-19 HOME QUARANTINE WAIVER AND CONSENT: As a result of the Orders, I fully understand that Covid-19 is highly contagious and I acknowledge that I will quarantine at the house or accommodation address specified on the Form (“Property”). Although exposure to Covid-19 cannot be fully eliminated, for the purpose of mitigating against the spread of Covid-19, quarantine has been proven an effective measure. I fully understand my obligations under the Orders and agree to pay all costs, charges, loss arising from any illness, injury, loss of work, loss of wages, trauma, emotional distress, all expenses (including legal expenses), late fees, penalties, fines, interest, or any other liability, whether known, unforeseen or unforeseeable and however arising (including in contract or tort) (“Charges”) I incur, or anyone I am responsible for, as a result of staying at the Property, in accordance with the Act. To the maximum extent permitted by law, I shall indemnify, keep indemnified and defend the Government of Bermuda against all Charges in any way arising, as a result of my quarantine, or the quarantine of anyone I am responsible for, at the Property.

Signature:

Print name:

Date (day/month/year):