



Quarantine Participation Agreement

I understand and hereby agree to the following terms and conditions required for all traveller(s) and their quarantine companion(s) to participate in the Quarantine at Residence Programme and that I may be subject to any additional requirements stipulated by the Medical Officer of Health. I also understand that I am responsible for any child under the age of 18 for whom I am a parent, guardian, and/or is under my care during this programme:

TRANSPORTATION

- I understand and agree to be transported directly to my place of isolation by an authorised transport provider.
- I understand that if I am entering into Cayman Brac or Little Cayman, I am responsible for securing and paying for my own transportation from the airport to my place of quarantine.
- I understand that I am allowed to drive myself to my exit PCR test and agree to drive directly to the test site and return to my place of isolation after the test has been administered without making any stops along the way. However, if I am not able to transport myself I will advise Travel Cayman and agree to be transported by an authorised transport provider.
- I will wear a mask or cloth face-covering whilst travelling in the vehicle and will not remove it until I am safely inside my place of isolation.

QUARANTINE

- If applicable, as a quarantine companion (non-travelling occupant), I agree to be available to be fitted with a wristband and start quarantine by 11 am on the day of the traveller arrival. I agree that if I fail to comply, I or the traveller will have to quarantine at another location at my own expense.
- Where applicable, I will activate my quarantine location through the mobile device provided as per Travel Cayman instructions.
- I will not leave my place of isolation (whether this is a private residence or quarantine facility) without authorisation from the Medical Officer of Health or his designate.
- If there is an emergency that requires me to leave my place of isolation, I will telephone 911 to inform them of the nature of the emergency and my current location.
- If there is an essential task or service that requires me to leave my place of isolation, I understand and agree that I must first seek guidance from Travel Cayman.
- I will not allow any possessions that I have on my person or that is in my place of isolation to be passed to another individual outside of my quarantine group. This includes the exchange of cash to authorised transport providers, food delivery workers, or any other person.
- I agree to present to my exit PCR test as scheduled and will return to my place of quarantine until I have been released by the Medical Officer of Health or his designate.

MONITORING TECHNOLOGY – GPS Wristbands and Mobile Devices

- I agree to take appropriate precautions to protect the mobile device issued to me as part of this programme from damage or loss.
- I will also ensure that this device:
 - does not go below 30% battery charge at any given time;
 - always has the Mobile Data services enabled; and
 - is kept in the same room as myself during my quarantine period.
- I will not attempt to tamper with or remove the wristband, and will ensure it remains powered on at all times.
- I will not fully submerge my wristband in water or any other liquid for more than 30 seconds, including in a sink, bathtub, swimming pool or spa.
- I agree to comply and cooperate with any Travel Cayman queries (in person or by phone) that are a result of any alerts issued by the monitoring technology. I will provide truthful answers to any and all questions related to detected anomalies with the technology. This includes providing my current

location, my location history, and reasons for any unauthorized movements that cannot be explained by the technology.

- At the end of my quarantine period, I will ensure that I return the Mobile device, the charger, and the GPS wristband per the instructions of Travel Cayman.
- In the event that I am a verified vaccinated traveller as approved by Public Health, I understand that I will be fitted with a non-monitored wristband for easy identification and provided with a phone for Travel Cayman to contact me.

WELFARE AND COMPLIANCE CHECKS

- I will make all reasonable efforts to be available within a reasonable timeframe for any telephone calls and physical checks from authorised Public Health or Travel Cayman Officials.
- I understand that telephone calls may be received on my personal phone or the mobile device issued by Travel Cayman.
- I understand and agree to wear a mask or face-covering for all in-person interactions of this nature.

DELIVERIES, VISITATIONS, REPAIRS AND MAINTENANCE DURING QUARANTINE

- If anyone visits my place of isolation during my quarantine period, regardless of who they might be or the reason for their visit, I will not allow them to enter inside the property. Nor will I allow them to enter the yard space, pool area, etc if I am also in this space at the time of visitation.
- I will not have any direct contact with any visitor to my place of isolation, including delivery personnel. All deliveries will be left by my door or in the front of my property and will only be collected after the person has left the property.
- I will ensure that all payments for deliveries will be contactless either online or over the phone.
- I understand that any emergency essential work or maintenance required in or around my place of isolation must first be brought to the attention of Travel Cayman and will not be conducted until official approval for these works have been received. (Urgent essential work is defined as any work that cannot be safely postponed until the end of quarantine).
- I agree to abide by all requirements and guidelines for essential works as instructed by the Medical Officer of Health if such works are approved.

If at any point in time I decide to no longer participate in this program I understand that I will be required to complete the remainder of my quarantine period at a Government Isolation Facility, which could be at my own expense.

Please note that the above directions are made by Medical Officer of Health under the Public Health Law (2002) Revision and the Control of COVID-19 Regulations. A breach of any of these directions can result in a fine of CI \$10,000 or up to two years in prison. Any persons suspected of being in breach may be removed from the programme and required to complete the remainder of their quarantine period at a Government Isolation Facility at their own cost.

By signing this form, I agree to all terms and conditions of the Quarantine at Residence Programme and any other requirements of the Medical Officer of Health and to ensuring that any child(ren)/ward(s) under my care are familiar with, understand, and abide by these same requirements.

Participant name *(please print clearly)*: _____

Name(s) of any child(ren)/ward(s):

Participant Signature: _____

Date: ____/____/____ (DD/MM/YYYY)