



## COVID-19 CERTIFICATE OF COMPLIANCE

Pursuant the **Stay at Home 2.0 - Lodging Guidance** issued by the state of New Hampshire on May 30th, 2020, there are temporary restrictions on who can check-in for an overnight stay at the resort. We are currently freely allowing residents of New Hampshire, Maine, Vermont, Massachusetts, Connecticut and Rhode Island for overnight stays. Any out-of-state guests who are not residents of the states previously listed are welcome at the resort, but must meet the 14 Day Quarantine Requirement as follows:

*All person(s) staying at the resort who are not residents of New Hampshire, Maine, Vermont, Massachusetts, Connecticut or Rhode Island must attest that they have remained at a home for at least 14 days before arriving in New Hampshire, only going out for essential items and when outside of the home maintaining social distancing and wearing face masks when within less than 6 feet of another person during this 14 day "quarantine".*

In order to stay at the resort, we ask that you certify the following statements. Thank you for your understanding:

### 1. Residency Status

I certify that:

- a. I am a New Hampshire, Maine, Vermont, Massachusetts, Connecticut or Rhode Island resident; OR
- b. I am NOT a resident of the previously listed states, but I meet the 14 Day Quarantine Requirement outlined above.

### 2. Wellness Screening

I also certify that:

- a. I have not been diagnosed with COVID-19 within the past 14 days.
- b. I have not had close contact with a person diagnosed with COVID-19 in the past 14 days.
- c. Within the last 14 days, I have not experienced symptoms including: fever of 100.4° F or greater, cough or shortness of breath, sore throat, or loss of taste and/or smell.

### 3. Assumption of Risk

I fully acknowledge and understand that while staying at Mountain View Grand Resort & Spa I voluntarily assume the risk that I may be exposed to or infected by COVID-19. While the resort is taking reasonable and prudent steps for health and safety to reduce the spread of COVID-19, I acknowledge and understand that the inherent risk of COVID-19 exists in any public or private space where others are present, and guests, including myself, may still be at risk of exposure or infection. I fully acknowledge that such infection or exposure may result from the actions, omissions, or negligence of myself or others.

- 4. I also certify that all persons in my care who are under the age of 18 years or who are dependent on my care meet the criteria described in items 1–3 above. Please provide a list of the names of all persons under 18 or otherwise in your care in the table below.


- 5. I have read and understand this Certificate of Compliance and make the above certifications to the best of my knowledge. I understand that failing to do so will require me to leave the resort for the safety of other guests and resort team members.

#### Person One

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Person Two (From same household; Optional)

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Household Contact Information

Address: \_\_\_\_\_ Phone: \_\_\_\_\_