



#SafeMendocino

SafeMendocino Guest Agreement

Name(s) _____

Cell phone _____ Email _____

Check in: _____ Check out: _____

Room: _____

- If I have been ill with any symptoms associated with COVID19 or if I know that I have been exposed to COVID19 within 14 days of my scheduled trip, I will cancel my reservation with no fee.
- I will honor all guidelines as outlined in the property's Safe Business Operations Protocol, including maintaining a distance of 6 feet from all people, wearing a mask whenever outside of my room within 6 feet of another person or inside a building, and using hand sanitizer or washing hands frequently, especially upon entering and exiting a building and after sneezing, coughing, or touching my face.
- I will alert management immediately if I become sick during my stay.
- I understand that if I become sick and test positive for COVID-19 during my stay, the county will require me to self-isolate in my hotel room for a period of fourteen days at the hotel's regular nightly rate. Furthermore, if I am traveling with family members or travel companions who are not sick, they will need to occupy an additional room, for the same duration, at the hotel's regular nightly rate.

Guest Signature(s): _____

Date: _____