

Guest Statement

Unit Number _____ Owner Name(s) _____

Guest Name _____

Guest Attendance - From _____ To _____

Permanent Address _____

Email Address _____

Cell Phone Number _____

I confirm the following:-

- I am not aware that that I have been in contact with any confirmed Covid 19 cases in the last 14 days
- In the last 48 hours I have not had any of the following symptoms:
 - fever or chills
 - cough worse than usual cough
 - unusual fatigue
 - unusual shortness of breath
 - unusual muscle pain
 - unexplained headaches
 - loss of taste or smell
- I will abide by all the Lido Surf and Sand Covid 19 protocols and Rules and Regulations while at the property and recognize that should I not do so I may be asked to leave the property by the Board of Directors.

Signed _____

Date _____

This statement to be signed by each individual guest aged 12 years and above