



As a guest of Sheridan's Bed & Breakfast during the COVID-19 pandemic I knowingly and willingly consent and admit to the following:

_____ I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing.

_____ I understand Sheridan's Bed & Breakfast cannot guarantee the health of every guest that stays in the premises.

_____ I understand the CDC's guidelines for social distancing to help prevent the spread of COVID-19 and agree to maintain those guidelines while staying at Sheridan's Bed & Breakfast.

_____ I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

_____ Fever, shortness of breath, dry cough, runny nose, sore throat.

_____ I also confirm that I have not traveled outside the US in the past 14 days and have not been in contact with anyone who has. I also verify that I have not traveled domestically within the US by commercial airline, bus, train or car within the past 14 days.

Print Guest Name:

Guest Signature:

Date:

Print Guest Name:

Guest Signature:

Date: