

PARADISE HOLLOW RENTAL MANAGEMENT, LLC AND PARADISE HOLLOW RESORT ASSOCIATION COVID-19 WELLNESS ACKNOWLEDGMENT FORM

As part of our preventative measures to reduce the spread of COVID-19, Paradise Hollow Rental Management, LLC and Paradise Hollow Resort Association are requesting that renters of Units sign the following Acknowledgment on behalf of him/herself and on behalf of any and all persons, including minor children, who may be guests of the person signing this document or the Unit occupied by the person signing this document.

1. By signing below, I hereby acknowledge that, in the last 14 days, I have not, and other guests of the Unit I am renting have not:
 - a. Received a positive COVID-19 diagnosis; or
 - b. Had possible or known contact with someone with a positive or suspected positive COVID-19 diagnosis.

2. I additionally acknowledge that, in the last 24 hours, I have not, and other guests of the Unit I am renting have not, experienced any of the common symptoms, per CDC Guidance, of COVID-19:
 - a. A fever;
 - b. A new or worsening cough;
 - c. Shortness of breath or difficulty breathing;
 - d. Chills;
 - e. Repeated shaking with chills;
 - f. Muscle pain;
 - g. Headache;
 - h. Sore throat; or
 - i. New loss of taste or smell.

3. I agree that, should any of the circumstances identified in paragraphs 1 or 2 above occur for myself or any of the guests of the Unit I am renting, I will inform the Paradise Hollow Resort host as soon as practicable and I along with all guests of the Unit I am renting will remove ourselves from the premises of Paradise Hollow Resort as soon as possible.

Cottage Rented: _____

Dated: _____

Print Name: _____