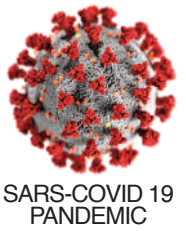




CERTIFICATE OF COMPLIANCE TO VERMONT EXECUTIVE ORDER 01-20 & Waiver of Liability



All Guests Required To Complete & Sign This Document Prior To Check-In

WHITE HORSE INN
RESERVATION # _____

1. I certify that:

- a. I have been in a county in NY, RI, MA, ME, NH, or CT with fewer than 400 active COVID-19 cases per million, as set forth on the Vermont Agency of Commerce and Community Development's website*, and I did not travel to Vermont by air or bus; OR
- b. I have not left the state of Vermont for any reason except essential travel in the past 14 days; OR
- c. I have traveled to Vermont from another state, and I traveled directly from my home in my personal vehicle, and I have completed a 14-day self-quarantine (or a 7-day self-quarantine followed by a negative test result) in that state; OR
- d. I have traveled to Vermont from another state, and I will complete a 14-day self-quarantine (or a 7-day self-quarantine followed by a negative test result) in Vermont at a lodging establishment or residence, and I acknowledge that I must stay in my quarantine location for the duration of the quarantine, OR
- e. I am a critical worker as defined by the State of Vermont.

2. I also certify that, to my knowledge, I have not had close contact within the past 14 days with a person confirmed to have COVID-19.

3. I also certify that I do not currently, and have not had in the past 24 hours, any of the following symptoms:

- Cough;
- Difficulty breathing;
- Muscle pain;
- Headache;
- Fever (feeling feverish or have a measured temperature at or above 100.4°F/38°C);
- Used a fever reducer (in the past 24 hours, have you used any medicine that reduces fevers?);
- Chills;
- Repeated shaking with chills;
- Sore throat;
- New loss of taste or smell;

4. I have been informed that out-of-state guests are encouraged to register with the Vermont Department of Health's Sara Alert system and to provide updates to that system daily.

5. **LIST DEPENDENTS IN YOUR ROOM.** I also certify that all persons in my care who are under the age of 18 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 such persons in your care:

COVID-19 REQUIREMENTS AT OUR INN. While visiting our Inn we require you to follow these guidelines:

- a. Wear a face mask or other facial protective covering at all times in all public areas (foyer, Fireplace Room, Dining Room, Fayston Room, hallways), and when interacting with others.
- b. Wash your hands for a minimum of twenty (20) seconds or using approved hand sanitizer after touching any surface not belonging to you.
- c. Maintain social distancing, a minimum of six (6) feet of separation between you and anyone other than a member of the party traveling/staying with you in your room.

WAIVER OF LIABILITY. The Inn will be doing everything we can, based on applicable health & safety, guidelines, to protect your safety while you are staying with us. However, we require you to acknowledge that when you travel away from home you knowingly take the risk of potential exposure to the SARS-COVID-19 virus. This may happen while you are traveling, at an airport, in a car rental, gas station, restaurant, store or attraction and other places, as well as possibly at our Inn. You agree that if you or anyone traveling with you or your family should be diagnosed with COVID-19 following your stay at our Inn, that you hereby waive any claim for any and all liability assorted with any such illness, inconvenience, loss of work or income or other loss associated directly or indirectly with your stay and hereby release now and forever, our Inn, our owners, and our employees from any such claim for any and all damages.

SIGNATURES REQUIRED by every adult in the room:

I confirm that I have read and understood this entire Vermont Certificate of Compliance and liability waiver/release and make the above certifications under the pains and penalties of perjury. I acknowledge that I am signing this document of my own free will and am not signing this document under any form of duress.

PERSON 1 Signature: _____ Printed Name: _____

PERSON 2 Signature: _____ Printed Name: _____

PERSON 3 Signature: _____ Printed Name: _____

PERSON 4 Signature: _____ Printed Name: _____

HOUSEHOLD CONTACT INFORMATION

Address: _____

Phone: _____

Date: _____