**Georgia Trust for Historic Preservation**

**Guest Certification and Release of Liability during COVID-19 Pandemic**

The undersigned guest(s) of the Hay House, a property of the Georgia Trust for Historic Preservation, do(es) hereby self-certify that he/she has not, within the past 24 hours, experienced any symptom of COVID-19 as identified by the Centers for Disease Control and Prevention, as follows: fever or chills; cough; shortness of breath or difficulty breathing; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or diarrhea.

The undersigned guest(s) do(es) further certify that: he/she has not been in close contact with anyone who has exhibited the above symptoms; that he/she has not recently been in close contact with anyone who has tested positive for COVID-19; that he/she has not traveled recently to an area that is under a travel advisory.

The undersigned does hereby certify that he/she has read the State of Georgia’s Executive Order as it is in effect on the date of signing this Certification and Release.

The undersigned do(es) hereby certify that he/she will, at all times while inside the Hay House, abide by the policies of the Georgia Trust for Historic Preservation as recommended by the State of Georgia’s Executive order as in effect at the time of this certification, including: wearing a mask or other face covering; observing social distancing so to stay at least 6 feet (2 meters) away from all unrelated persons on the premises; sanitize hands at the time of entry; refrain from handshaking, and any other such policy or guideline for visitors as may from time to time be recommended by the State of Georgia or implemented by the Georgia Trust for Historic Preservation.

The undersigned do(es) hereby agree to release and forever hold harmless the Georgia Trust for Historic Preservation for any claims of liability arising from illness contracted or thought to be contracted on the premises of the Georgia Trust for Historic Preservation.

This\_\_\_\_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020.

***For each visiting party, at least one email address and one phone number are required.***

NAME OF VISITOR SIGNATURE OF ADULT VISITOR email phone number

(legibly printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_