ICE CREEK LODGE COVID-19 DECLARATION

Signature	Today's Date mm/dd/yy
By signing below, I confirm my understanding that I may be refused participation in, or be asked to leave, this trip, with no option for refund of payment, if any of the above attestations are found to be incorrect.	
Within the past 14 days, I have not experienced any of the following that are new and not related to allergies or pre-existing conditions: persistent cough, fever higher that 38 degrees Celsius (100.4 degrees Fahrenheit), shortness of breath, sore throat, flu-like symptoms, runny nose.	
To the best of my knowledge, I haw who has the novel coronavirus COVID-coronavirus COVID-19 within the past 2	•
To the best of my knowledge, I do COVID-19 or any variant of the novel contact had it within the past 14 days.	