*During the COVID-19 pandemic, we appreciate everyone’s cooperation to ensure that the OPUS Hut is able to operate safely for all of our guests and staff. Thank you for your assistance.*

**Group Leader:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reservation Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guests Obligations:**

1. I have not experienced any symptoms of COVID-19 in the last 14 days that are new or unusual to me. Nor have I been exposed to anyone with Covid-19 in the last 14 days. Symptoms include: cough, shortness of breath, fever, chills, muscle pain, headache, sore throat or new loss of taste or smell.
2. I will check my temperature before coming to the OPUS. On arrival, I will take and record my temperature with the no-touch thermometer provided. If I have a temperature of 100° Fahrenheit or higher that does not decrease soon after arrival, I will leave. Additionally, if I start experiencing any symptoms described above during my stay, I will leave.
3. I will respect strict social distancing with the Hutkeeper at all times including staying outside the tapelines around kitchen, only crossing when necessary for beverage service, and staying out of Hutkeeper’s quarters and kitchen, at all times.
4. I will use a sleeping bag liner. These are required and available to rent. Comforters and pillows, which will be sanitized, as will all surfaces with an electrostatic fogger will be provided but if I’d prefer to bring my own, I will.
5. I’ll wear a mask with at least two layers of fabric at all times when inside the Hut other than when in my assigned bedroom or when eating or drinking at the dining table. A buff is not a mask.
6. I will wash and sanitize my hands regularly.
7. I will notify the Thelma if I experience Covid-19 symptoms at any time before, during and up to 14 days after your stay via email at info@opushut.com.

I have read, understand and agree to follow the above requirements. I also recognize that only completely isolating removes all risk of Covid-19 transmission.

I affirm that the information listed below is accurate.

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| Guest Name | Phone Number | Temperature at arrival | Signature |
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