## THE BOONVILLE HOTEL

## HEALTH & SAFETY GUEST AGREEMENT

Name	e(s)
Cell p	phone Email
Chec	k in: Check out:
Room	າ:
	If I have been ill with any symptoms associated with COVID19 or if I know that have been exposed to COVID19 within 14 days of my scheduled trip, I will cancel my reservation with no fee.
	I understand that masks are optional for fully vaccinated people at The Boonville Hotel. For unvaccinated people, masks are required indoors and outside in spaces where 6 foot social distancing is not possible. Masks are required for kids 2–12 years old. We have masks available for you to use.
	I will alert management immediately if I become sick during my stay.
	I understand that if I become sick or anyone in my party becomes sick during our stay, we will end our stay at the Boonville Hotel with no further room charges and head home to convalesce.
Gues	t Signature(s):
Data:	