



I, the undersigned ....., born on ....., in .....living in ..... street ....., guest at Hotel Adria representative of the group members listed below:

Table with 4 columns: SURNAME, NAME, DATE OF BIRTH, PLACE OF BIRTH. It contains 5 empty rows for data entry.

aware of the legal consequences in case of false statements

DECLARE

that none of the group members:

- has any symptoms that may indicate the manifestation of COVID-19 (fever, flu-like symptoms, cough...)
- is quarantined, tested positive for Coronavirus or is otherwise able to present a certificate of recovery a certification of recovery
- has had any contact with people who tested positive for COVID-19 in the last 14 days
- lives with people who tested positive for Coronavirus
- has not been to any COVID-19 at risk areas (as indicated by the WHO) in the last 14 days

I commit to fully respect every state and regional law along with the WHO (World Health Organization) indications, the hotel rules and observe any additional guidance provided by the management and the staff for the protections of one's own and other people's health.

Moreover, I pledge to respect the following rules:

- use a face mask to cover nose and mouth when moving inside the hotel, except in your room
- use disposable gloves when required
- keep an interpersonal distance of at least 1,5 m
- wash your hands often
- in case of flu-like symptoms immediately and responsibly warn the management while staying in your accommodation and keeping proper distance from other people

I also give permission to measure my body temperature and that of the other group members before entering the hotel. The management guarantees that no sensitive data will be recorded.

Lignano Sabbiadoro, \_\_\_\_\_



Signature \_\_\_\_\_