**COVID-19 Guest Declaration**

In the interest of protecting the health and well-being of our guests and staff, prior to you entering **Rivergardens Holiday Park** we are required to ask you questions related to your travel and health activities.

We ask that you are honest and take your share of responsibility when responding to the following questions, so that we can all do our best to prevent the spread of COVID-19 in the park and our community.

***In line with Government directions and to ensure we have tracing record, please read and complete the following acknowledgements:***

Name: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I/We declare that my/our principal place of residence is not in an area that is deemed a COVID-19 hotspot (as defined by the Chief Health Officer)

□ I/We have shown proof of our principal place of residence (e.g. Driver’s Licence)

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

I/We declare that:

□ I/We have not returned from overseas in the past 14 days

□ I/We am not required to be in self-isolation/self-quarantine

□ I/We have not previously been diagnosed with COVID-19

□ To the best of my knowledge, I/We have not been in close contact with a person who has a reported or suspected case of coronavirus (COVID-19) in the past 14 days

□ I/We have not been in a COVID-19 hotspot (as defined by the Chief Health Officer) in the past 14 days

□ I/We have not had a fever, cough, sore throat, shortness of breath or other cold/flu-like symptoms in the last 72 hours and are otherwise well

*If you did not tick all the above, you may be referred to Police or a local health authority.*

**Contact Details**

Phone Number:

Email address:

**Please provide details of all location’s visited and accommodation details for the past 14 days:**

***This information is for contact tracing purposes should it be required and may be shared with Police or local government health officials if requested***

|  |  |
| --- | --- |
| **Location (name and address)** | **Days stayed** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Please provide details of details of your next location and accommodation

*This information is for contact tracing purposes should it be required and may be shared with Police or local government health officials if requested*

|  |  |
| --- | --- |
| **Location (name and address)** | **Days stayed** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Listed Parties**

Please list all persons (adults and children) covered by this declaration:

Person 1 (you): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person 5: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person 6: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We agree to comply with all social distancing measures, good hygiene practices and park rules.

I declare that the answers I have provided above are true and accurate for myself and all the listed parties who are residing with me.

Signature: Date: