

Here is what we are doing at Lighthouse Pointe Resort (22900 S. hwy 1 Point Arena, Ca.)

- 1) Signs (must wear face covering to enter, do not enter if you feel sick, social practice distancing) up at all entrance and exits of: Front desk, Laundry room, staff room
- 2) All Staff will be wearing personal protective equipment throughout property, sanitization of all check-in paperwork and keys, Linens and terry laundered at the highest temperatures recommended by the manufacturer, we have removed bedspreads and washed all bedding, towels and all dishes and utensils. (Bedspreads are available at reception). We have removed magazines and throw pillows. we have disinfected all surfaces; door handles remote controls and the refrigerator and sealed the unit guest your arrival.
- 3) Sanitization of units with increased attention to high touch areas including door handles and knobs, appliances, remote controls, faucets, light switches, and lamps. We have also sealed the unit until guest arrival.
- 4) All employee's temperature is taken and recorded before each shift.
- 5) Guests must comply with the county and state orders, which mandate social distancing outside the family unit and wearing a mask.
- 6) We have canceled Saturday gatherings.
- 7) Pool and Hot Tub are closed.
- 8) Physical distancing will always be enforced by management and supervisor by drive through property.
- 9) Payment methods will be preferably credit card and or cash
- 10) Jerry Sargent is who will be on call, lives onsite (707)882-2378/
jsargent@gevc.net
- 11) Reservations are required through RCI timeshare. RCI handles all the reservations for Lighthouse Pointe Resort. Lighthouse Pointe Resort receives all incoming guest list via website or email.
- 12) Each room will have the capacity of 4 people
- 13) Lighthouse Pointe Resort has reduced to 75% occupancy
- 14) There will be a 24-48hrs between room turn around.
- 15) See next page for guest signed agreement
- 16) See next page for guest signed agreement

AGREEMENT AND RELEASE OF LIABILITY

By signing below, you agree to all of the following:

As part of each reservation or booking (and prior to occupancy), you agree to complete the attached health declaration. You also agree to the following: (1) You agree to comply with the operative County Shelter-in-Place orders; (2) You agree to comply with any and all isolation/quarantine orders and contact tracing required by County public health authorities, in the event a guest is determined by a medical professional to require isolation or quarantine for COVID-19; (3) you understand that we are required to provide space for guests, without primary residence in Mendocino County, for isolation and/or quarantine purposes in the event a guest is determined by a medical professional to require isolation or quarantine for COVID-19. (4) If you fall under Section (3) we must come to a separate written agreement as to the allocation of costs (for housing, food and basic essential needs) in the event a guest, without primary residence in the County, is determined by a medical professional to require isolation or quarantine for COVID-19 during their stay; (5) You understand and agree that it is the obligation of the guest(s) to fully comply with any such allocation of costs without recourse against the County of Mendocino.

The risks of COVID-19 are not well understood, including all of the ways in which it can spread and how to determine whether someone is infected at any given point in time. Evidence suggests COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Staying at our facilities could increase the risk of contracting COVID-19. Lighthouse Pointe in no way warrants that a COVID-19 infection will not occur as a result of staying here as a guest.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my family, including child(ren), and I may be exposed to or infected by COVID-19 while staying at Lighthouse Pointe and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Lighthouse Pointe or its management company employees or contractors. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my family and my child(ren) may experience or incur in connection with our stay at Lighthouse Pointe ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Lighthouse Pointe, its management company, and their employees, contractors, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Lighthouse Pointe, its management company, and their employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after our stay.

Accepted and Agreed:

[to be signed by each adult staying at Lighthouse Pointe. Each signatory must provide a phone number at which they can be reached]

Name:
Phone Number:

Name:
Phone Number:

Name:
Phone Number:

Name:
Phone Number:

In an effort to reduce the risk of COVID-19 exposure to our employees and guests, all visitors must complete the following screening questions:

Date: _____

Visitor's name: _____ Visitor's phone number: _____

Self-Declaration by Visitor

	YES	NO
Have you traveled to any location positively designated as hazardous and/or potentially infected with the Coronavirus by a recognized health or regulatory authority, such as a country for which the Center for Disease Control and Prevention ("CDC") issued a Level 3 Travel Advisory for Coronavirus, or been in close contact with anyone who has traveled to those areas within the last 14 days?		
Have you tested positive or presumptively positive with the Coronavirus or been identified as a potential carrier of the COVID-19 virus or similar communicable illness ("Coronavirus") within the last 21 days?		
Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?		
Have you experienced any symptoms commonly associated with COVID-19 or cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath or other respiratory problem)?		

Visitors answering yes to any of the above questions may not be permitted access to the facility.

Visitor signature: _____ (or parent signature if visitor is under the age of 18)

For internal use:

Access to facility (circle one): Approved Denied

Employee name: _____ Employee signature: _____

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