Villa Roma Covid-19 Health Screen

Do you or anyone in your party have a fever? _____
Do you or anyone in your party have a cough? _____
Have you or anyone in your party been in contact with anyone with Covid-19 in the last 14 days? _____

Anyone answering yes to any of the above questions will be denied entrance to the Villa Roma Resort

In addition, the follow two statements need to be signed off on

Villa Roma is absolved of all liability for anyone infected with coronavirus during their stay, By staying at Villa Roma, you voluntarily assume all risks related to exposure to COVID-19. We will take all measures necessary to keep our property as safe and comfortable as possible for our guests amid the coronavirus pandemic, but please understand there is a shared responsibility between guests and the Villa Roma

Student's Initials_____ Parent/Guardian's Initials _____

I agree, on behalf of myself and the members of my party, to abide by the rules and regulations of the VILLA ROMA RESORT, especially in regards to those instituted as a result of COVID-19 including wearing of face coverings properly and practicing social distancing

Student's Initials_____ Parent/Guardian's Initials _____