



**MARIN**  
RECOVERS

# COVID-19 Site-Specific Protection Plan (SPP)

## The West Point Inn COVID-19 Self-Assessment Form Innkeepers

### Exposure

Have you been within six feet of a person with a lab confirmed or suspected case of COVID-19 or had direct contact with his/her mucous or saliva in the past 14 days?  Yes  No

Does any person with a lab confirmed or suspected case of COVID-19 live with you?  Yes  No

If you answered "Yes" to either of these questions, Contact your supervisor and **DO NOT COME TO THE WEST POINT INN.**

### Severe Symptoms

Are you struggling to breathe even while inactive or at rest?  Yes  No

Do you feel as though you might collapse every time you stand or sit up?  Yes  No

If you are experiencing any of these severe symptoms, **CALL 911. DO NOT COME TO THE WEST POINT INN.**

### Symptoms

Are you experiencing any of the following symptoms?

- Fever (100° F or above)  Yes  No
- New Cough  Yes  No
- New shortness of breath or difficulty breathing  Yes  No
- New chills  Yes  No
- New muscle aches  Yes  No
- Sore throat  Yes  No
- Headache  Yes  No
- Diarrhea  Yes  No
- New loss of taste or smell  Yes  No

If you are experiencing any of these symptoms, contact your supervisor and **DO NOT COME TO THE WEST POINT INN.**

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Printed Name

Signature

Date

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Address

Email

Phone



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## WPI COVID-19 Liability Form

### Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

As is well known, the novel coronavirus, COVID-19, is extremely contagious and can cause serious illness or death.

The West Point Inn Association (“the Association”) is a non-profit volunteer organization which manages the West Point Inn (the “Inn”). The Association leases the Inn from the Marin Municipal Water District (“MMWD”).

The Association has put in place preventative measures to reduce the spread of COVID-19; however, the Association cannot guarantee that you, your family or others will not become infected with COVID-19. Further, visiting the Inn or using its facilities (such as the kitchen) could increase your risk and your family’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and **voluntarily assume the risk that my family and I may be exposed to or infected by COVID-19** by visiting the Inn or using the Inn’s facilities 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 at the Inn may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the Association or MMWD, their employees, members, volunteers, and agents, and others who visit the Inn or use its facilities.

On my behalf, and on behalf of my minor children (listed below), **I hereby release, covenant not to sue, discharge, and hold harmless** the Association, MMWD, their employees, members, volunteers, agents, and representatives, of and from any illness, disability, damage, loss, claim, liability, or expense, of any kind, **related to exposure to or infection by COVID-19**, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto (“Claims”). I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Association, MMWD, their employees, members, volunteers, agents, and representatives, and others who visit the Inn or use its facilities, whether a COVID-19 infection occurs before, during, or after visit to the Inn or use of any or the Inn’s facilities.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name & age of each minor child

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## **COVID-19 Site- Specific Protection Plan (SPP)**

### **The West Point Inn Reservation / Vehicle Information Overnight Guests**

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

Mobile Phone Number (with area code): \_\_\_\_\_

Reserved Room: \_\_\_\_\_

Expected Arrival Time (must be before sunset): \_\_\_\_\_

Arrival by Car (one vehicle per reservation) (yes / No): \_\_\_\_\_

Vehicle Make and Model: \_\_\_\_\_

Vehicle Color: \_\_\_\_\_

**Please back car into parking area to allow for quick departure, if necessary.**