



**The West Point Inn Site Specific Protection Plan (SPP)
COVID-19 Vaccination & Liability Form
For Overnight Guests**

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.

Have you been vaccinated against the COVID-19 virus?

- Yes, I am fully vaccinated**
- Yes, I am partially vaccinated**
- No, I am not vaccinated**

Printed Name

Phone

Address

Name & age of each minor child

Email

Signature

Date



MARIN
RECOVERS

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.