

**ECO TOURS MAUI, LLC dba
ECO SEA SCOOTER SNORKELING ACADEMY
COVID-19 PANDEMIC**

This disclosure form seeks information from you that we must consider before making decisions in the circumstance of the COVID-19 virus.

A weak or compromised immune system can put you at great risk for contracting COVID-19. Please disclose to us any condition that compromises your immune system and understand that we may ask you to consider rescheduling your activity with us.

PRECAUTIONS FOR ALL OF OUR GUESTS – SAFETY IS #1

WEAR A MASK - STAY 6 FEET APART - PLEASE USE HAND SANITIZER WHEN ENTERING STORE

- Did you take a COVID-19 test before arriving in Hawaii? YES _____ NO _____
- Was your COVID-19 test Negative? YES _____ NO _____
- Did you do a 2 week Quarantine? YES _____ NO _____
- NONE OF THE ABOVE APPLIES TO ME. DOES _____ NO _____
- Were you exposed to COVID-19? YES _____ NO _____
- Experienced any signs or symptoms associated with the COVID-19 virus? YES _____ NO _____
- Do you have a fever or above normal temperatures? YES _____ NO _____
- Are you experiencing shortness of breath or having trouble breathing? Yes _____ NO _____
- Do you have a dry cough? YES _____ NO _____
- Do you have a runny nose? YES _____ NO _____
- Have you recently lost or had a reduction in your sense of smell? YES _____ NO _____
- Do you have a sore throat? YES _____ NO _____
- Even if you don't currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days? YES _____ NO _____
- Have you been in contact with someone who has tested positive for COVID-19 in the last 14 days? YES _____ NO _____
- Have you been tested positive for COVID-19? YES _____ NO _____
- Have you traveled outside the US by air or cruise ship in the past 14 days? YES _____ NO _____
- Have you traveled within the US by air, bus or train within the past 14 days? YES _____ NO _____

I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system and have disclosed to my provider any condition in my health history which may result in a compromised immune system.

By signing this document, I acknowledge that the answers I have provided above are true and accurate.

Guests Signature

Witness

Date