



**Visitor Identification:**

Name(s) \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Visit Description:**

Type of Guest-

- Ski/Snowboard
- Tubing
- Employee
- Delivery
- Contractor/Services
- Lodge guest

Date(s), Time(s), and Location(s) \_\_\_\_\_

**Attestation of Personal Health: check the following that apply**

Within the last 14 days...

- I have not experienced any symptoms of COVID-19.
- I have not tested positive for COVID-19.
- I have not had close contact (six feet or less without a mask for more than 15 minutes) with a confirmed COVID-19 case.
- I have not traveled outside of New York to one of the states listed on the NYS travel advisory.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Approval and Assumptions of Responsibility:**

- I agree to have Pisgah save this form for at least 21 days and provide a copy upon request to aid in contact tracing as needed.

\_\_\_\_\_

\_\_\_\_\_

**Printed Name**

**Date**

\_\_\_\_\_

**Signature**