DECLARATION AND UNDERATAKING

Villa Name:

Date:

S.No.	Guest Names	Contact No.	Email ID	Aadhar No.	Age	Sign
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I/We the signatories to the table hereinabove, hereby each solemnly declare to Isprava Hospitality Pvt. Ltd (“IHPL ”) that:

1. I/We, do not have any of the symptoms at present, that are associated with the virus known as “Covid-19”, which include without limitation cough, fever or any other related symptoms.

2. On arriving at the property or at any time during our stay, if I/We am/are found to have any symptoms of Covid-19 then IHPL shall have a right to (1) withhold services to me/us, without a claim or liability and/or (2) get me/us examined immediately by a doctor chosen at the discretion of IHPL (3) IHPL shall reserve the right to move me/us to another property at it's disrection.
3. In such event as mentioned above, I/We undertake to not seek any refund or have any claim whatsoever against the home owner and/or IHPL.
4. I/We consent to having our temperature taken by any representative of IHPL and/or a doctor appointed by IHPL.
5. I/We state that I/we shall follow all the safety directions of IHPL like wearing masks, use of sanitizer etc. and shall ensure there is no unruly or aggressive behavior towards IHPL staff. I/We understand that any such behavior shall entitle IHPL to take appropriate action including but not limited to informing the appropriate authorities.
6. I/We understand that no visitors shall be allowed inside the property managed by IHPL.
7. I/We understand and acknowledge that this declaration is being taken from me/us solely for the purpose of protecting the health and safety of the public in general.
8. I/We agree to notify IHPL of any change in status, including diagnosis with Covid-19 and/or quarantine, as soon as it is known to me/us, prior to, during and after our stay at the property managed by IHPL.
9. I/We acknowledge and accept that this Declaration cum Undertaking will be considered as my/our consent to IHPL to disclose, share, record this Declaration with any relevant authority or service provider for the purposes of ensuring the safety and security of any and all third parties that may come in contact during my/our stay with IHPL.

I/We acknowledge and confirm the declarations and undertakings made above and have affixed my/our signatures in the table above.

Signature