

## Form - Declaration of Personal Responsibility relating to COVID-19:

The signatory below, Mr/Mrs/Ms.....  
Passport n°..... and usual address .....  
.....Postcode.....  
Town.....Country.....Telephonenumber  
.....Email.....

### I DECLARE

**FIRST.-** Being aware of the current health crisis situation in which we find ourselves, as well as my duty as a citizen to adopt the necessary measures to avoid the creation of risks of the spread of COVID-19, as well as my own exposure to said risks, and in accordance with Royal Decree-Law 21/2020, of June 9, on urgent prevention, containment and coordination measures to face the health crisis caused by COVID-19.

**SECOND.-** That on the date of this form, I have no fever, cough, difficulty in breathing or any other symptoms suggestive of the illness in question.

**THIRD.-** That I haven't travelled, in the last 2 weeks, to countries, regions or zones declared as at risk by the health authorities.

**FOURTH.-** I do not have a temperature of over 37°C nor symptoms of acute breathlessness nor has this occurred over the last 2 weeks.

**FIFTH.-** That I make this statement and promise that according to the information which I possess, in the last two weeks I have not had either distant or close contact with people outside my domestic circle, people in the contagious stage of coronavirus, close contact with people who have Covid-19, strangers or who have travelled in the last 2 weeks.

**SIXTH.-** That I will be available to the health authorities if so required, on the phone number I have given.

In ....., on the ..... of ..... 202...

Signed: \_\_\_\_\_

**Note:** For on-line purchases, by ticking this box, you accept that you have read this document and have given your explicit consent via the on-line booking form of your reservation to the terms relating to this form, accepting as signed the above document.