



## COVID-19 RULES FOR OWNERS AND GUESTS

**August 27, 2020**

The condominium informs you that, in accordance with the indications indicated by competent health authorities, sanitation and disinfection measures are fully complied with in all our facilities, such as; entrance, roads, beach club, gyms, office, service areas, swimming pools, beaches, buildings, apartments and common areas in general. IT IS REQUIRED THAT YOU STRICTLY ADHERE TO THE PROTOCOLS FOR THE USE OF AREAS IN THE CONDOMINIUM, SUCH AS:

- a) MANDATORY USE OF FACE MASKS OUTSIDE OF YOUR PROPERTY, inside all covered areas, including lobbies, elevators, bathrooms, gyms, parking lots, streets and palapas.
- b) WE STRONGLY ENCOURAGE the use of face masks outdoors when you are not at the beach or in the water.
- c) MANDATORY USE OF FACE MASKS AND MAINTAINING A SAFE DISTANCE OF AT LEAST SIX FEET FROM ANY PERSON OUTSIDE YOUR HOUSEHOLD GROUP, INCLUDING CONDOMINIUM STAFF.
- d) SWIMMING POOLS MAY BE USED FOR A MAXIMUM OF THREE HOURS AT A TIME PER HOUSEHOLD GROUP, as a courtesy to others, in order to allow use with social distancing.
- e) GYMS WILL BE CLOSED UNTIL FURTHER NOTICE.
- f) THE SDMLA COVID-19 RULES WILL BE MONITORED AND ENFORCED BY THE ADMINISTRATION STAFF. COMPLIANCE IS MANDATORY. WE EXPECT YOUR COOPERATION.
- g) Failure to comply will result in a first, verbal, warning. Upon a second violation, a final written warning will be issued. A third violation will result in suspension of the use of common areas by the person involved. Please avoid being sanctioned.

I am aware that the SARS-CoV2 virus (COVID-19) carries risks, especially for vulnerable people: being 60 years of age or older, undergoing medical treatment that could put your health at risk. health or have some chronic disease such as high blood pressure, diabetes, heart or lung disease, acquired or caused immunosuppression, kidney or liver failure; or another condition that puts health at risk. I agree to abide by the established protocols.

Owner or guest: \_\_\_\_\_

Dates of stay: \_\_\_\_\_

Cell phone number \_\_\_\_\_

Consent signature: \_\_\_\_\_

Date \_\_\_\_\_ Condo Number \_\_\_\_\_