



Customer Declaration – COVID 19

I, the undersigned, agree and accept the operating conditions and hygiene precautions in place to protect my fellow guests and employees of American Chance Casinos during my visit and any subsequent visit until notified of any change.

I declare that I am not currently suffering from any symptoms related to COVID 19 – such as:

- Continuous dry cough and/or;
- Fever
- Loss of sense of smell or taste
- Temperature over 37.8 degrees Centigrade

I also declare that I have not tested positive for COVID 19 during the previous 14 days from the date of this document and should I test positive in the future, I will inform the Management of the Company by email info@twhe.cz so as the Company may track and trace any persons who were present in American Chance Casinos at the same time and inform them of this situation.

In order to facilitate tracking of my interactions or other guests' interactions for my safety, I hereby give permission for TWHE to contact me by:

Email

SMS/Phone

Customer name:

PAC #:

Signature:

Date: