

I, _____ [name of lessee] _____, affirm that I have thoroughly reviewed the Social Distancing Protocol applicable to _____ [name of business] _____, the Mandatory Directive for Personal Care Services Businesses, and the Order of the Health Officer of the County of Santa Clara issued July 2, 2020; that I understand each of those documents; and that I agree to comply with all requirements those documents describe as applicable to employees, contractors, or other personnel. I further understand and agree that _____ [name of business] _____ must ensure that I use face coverings and other personal protective equipment and that I provide face coverings to clients, and that, accordingly, I may be required to reimburse _____ [name of business] _____ for the actual cost it incurs to obtain such face coverings and personal protective equipment for me.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Date

Print Name