

DATE:	REGISTRATION CARD	ROOM:
<u>SURNAME</u>	<u>FIRST NAME</u>	
<u>DATE OF BIRTH</u>	<u>PASSPORT No</u>	
<u>NATIONALITY</u>	<u>MOBILE PHONE No</u>	
<u>HOME ADDRESS</u>	<u>CITY / COUNTRY</u>	
<u>ARRIVAL DATE</u>	<u>DEPARTURE DATE</u>	
<u>E-MAIL</u>		
<p>➤ Please know that your mobile phone number will be used, only if needed, for messages from the reception via WhatsApp & Viber, during your stay at the hotel.</p> <p>➤ Guest rooms will be sanitized before each arrival.</p>		
<p>➤ Due to Covid-19 restrictions, please choose how often you would like the Housekeeping / Cleaning service in your room, during your stay.</p> <p>I would like Housekeeping service during my stay: No service <input type="checkbox"/> / Every day <input type="checkbox"/> / Every 2nd day <input type="checkbox"/></p>		
<p>Your signature below indicates that you have read, understand, and agree with the Policies and Procedures of THE ISLAND HOTEL</p>		
<p>A. I agree to release my accommodation on my departure day at 11:00 AM</p> <p>B. I agree to compensate the hotel for any damages caused</p> <p>C. Hotel has no responsibility for any valuables left in guests room</p> <p>D. The hotel already follows and will continue to implement all legislative acts and Governmental orders to maintain its high standards of hygiene procedures throughout its property. As well as all the measures recommended by NPHO (National Public Health Organization) and the WHO (World Health Organization), for the protection against the COVID-19 outbreak, in order to provide all guests with a safe and healthy environment.</p> <p>I declare that the Hotel shall not be held liable for any damage, whether to persons or property, and all the relevant losses, expenses and costs which I might incur or suffer due to illness caused by Coronavirus (COVID-19), any other contagious or infectious disease, virus or/and any variation of the above mentioned, during or after my stay at the Hotel or in relation to or on the occasion of the provision by the Hotel of the service agreed herein. In case that I am obliged to extend my stay at the Hotel because of such illness, the Hotel shall not be liable to bear any expenses and costs pertaining to my medical treatment and care, hospitality, nutrition or any other expense related, directly or indirectly, to the extension of my stay at the Hotel.</p> <p>E. As requested from NPHO the hotel will keep the above requested personal data in written form only for the absolute necessary period required and will disclose its information only when required to do so by any Public Authority.</p>		

I confirm that I have read, understand, and agree to the above terms and conditions

Place: Kato Gouves, Crete, Greece

Printed Name: _____

Signature: _____