

Test Drive Consent & COVID-19 Health Declaration

Personal Information

Full Name

Phone Number

Email Address

Driver's License Number

Test Drive Consent

I hereby agree to participate in a vehicle test drive and confirm that the information provided is true and correct. I acknowledge responsibility for operating the vehicle safely and in accordance with all applicable laws and regulations.

COVID-19 Health Declaration

I declare that in the last 14 days:

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I have not experienced any COVID-19 symptoms (fever, cough, sore throat, shortness of breath, loss of taste or smell).

☐

I have not been in close contact with a confirmed or suspected COVID-19 case.

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I have not traveled to any area with COVID-19 restrictions or outbreaks.

I undertake to immediately inform the staff if any of the above circumstances change before or during my visit.

Signature

Date