

TRESPASSING NOTICE

IF YOU:

1. Have Any Symptoms Related to Covid-19 within the prior 14 days, Including:
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
2. Have been exposed to a person with symptoms related to Covid - 19 within the prior 14 days:
3. Have been instructed or asked by an employer or any health care professional to take a test for Covid - 19
4. Are subject to any order or suggestion by the Idaho Department of Health and Welfare to self isolate
5. Have any other reason by which you reasonably should suspect you may be infected by Covid - 19.

YOU ARE NOT ALLOWED ENTRY INTO THIS ESTABLISHMENT UNTIL SUCH TIME AS YOU HAVE OBTAINED A NEGATIVE COVID-19 TEST.

IF YOU ENTER IN VIOLATION OF THIS NOTICE, YOU ARE SUBJECT TO BEING CHARGED CRIMINALLY FOR TRESPASS PURSUANT TO EITHER IDAHO STATUTE SECTION 18-7008 or OROFINO ORDINANCE 6-1-36, OR ANY OTHER APPLICABLE PROVISION OF IDAHO LAW.

IN ADDITION, YOU WILL BE ASSESSED DAMAGES FOR ANY INJURY TO THE BUSINESS, PROFIT, OR INFECTION OF ANY PERSON UPON THESE PREMISES.

THIS NOTICE APPLIES TO ALL PREMISES AT THIS BUSINESS, INCLUDING THOSE OUTSIDE OF THE BUILDING.