



Public Entity Saba
Power Street 1, The Bottom
Saba, Dutch Caribbean
Tel: +599 416 200/201
Jonathan.Johnson@sabagov.nl

Island Governor

Dear Traveler,

You are hereby provided with the general consent form which must be signed and sent to info@sabagov.nl prior to your arrival on Saba. You must sign this form in order to receive the travel exemption letter. Please read it carefully. If you have any questions, you can always ask them to any of the public health department workers or our compliance officer.

Thank you for your understanding and for coming to Saba.

Sincerely,

Jonathan Johnson, Island Governor

GENERAL CONSENT FORM

I confirm that I willingly provide information and data contained in this form for public health reasons in accordance with applicable local laws and I consent to its use. I confirm that as a result of providing such information or data, I shall indemnify, hold harmless and defend the Government, its public officers, employees or other representatives from and against all actions, claims, demands, loss or expense (including legal expenses) arising from use of the information or data. I declare that I shall follow all instructions and laws related to public health matters, including completing tests and quarantine, at my cost and expense, as required. I understand that the public health department may, request any person to provide information as deemed necessary to assess what precautions should be taken to prevent the spread of Covid-19 and that I shall provide that information if requested. I confirm that I have not tested positive for Covid-19 in the last 14 days. I declare that the information or data given on this form is accurate and complete. I acknowledge that as a parent/guardian in quarantine with minor children that they must be supervised at all times. I acknowledge that if I have not declared information and data on this form accurately and completely and if I do not follow the instructions of the Island Governor and public health department, I may have committed an offence under the Public Health Act and I may be subject to a fine of up to a 5th category fine or to a term of imprisonment of 4 years or to both.

Signature: _____

Print Name:

Date: