

HORSE SHOW SCREENING QUESTIONNAIRE:

COVID-19 WAIVER AND DISCLOSURE

For everyone’s safety, please **truthfully** answer all questions to the best of your knowledge by checking “Y” for YES or “N” for NO. A questionnaire **must** be completed **each** day for **each** individual **physically** present on the show grounds (Parents/Guardians, a separate questionnaire **must** be completed for **each** individual child visiting the show grounds). **Each** individual **must** have their waiver signed to present to management when entering the show grounds.

- 1. Within the last 14 days have you:
 - a. Tested positive for COVID-19? ___Y ___N
 - b. Knowingly been in contact with anyone that showed symptoms of COVID-19, i.e. fever, cough, sore throat, shortness of breath, chills, muscle pain, headache, and new loss of taste or smell? ___Y ___N
 - c. Exhibited any of the above-stated symptoms? ___Y ___N
 - d. Been in close contact with anyone who tested positive for COVID-19? ___Y ___N
 - e. Had a temperature at or above 100.4? ___Y ___N
 - f. Visited or been in contact with anyone who has been to the following states:
Alabama, Alaska, Arkansas, California, Delaware, Florida, Georgia, Iowa, Idaho, Illinois Indiana, Kentucky, Louisiana, Mississippi, Missouri, North Carolina, South Carolina, Tennessee, Texas, Utah, Oklahoma, Kansas Minnesota, Montana, Nebraska, Nevada, S. Dakota Puerto Rico, Virginia, Wisconsin, Guam, Virginia, West Virginia ___Y ___N
- 2. Are you currently exhibiting any of the above-mentioned symptoms related to COVID-19? ___Y ___N

In the event that you contract COVID-19 within 14 days of attending the show, or are experiencing any of the above stated symptoms or other symptoms indicative of COVID-19 within 14 days of attending the show, please call Show Management **immediately** at 845-283-7319 Jae Samuels and inform them as such.

Social distancing **MUST** be practiced at **ALL TIMES** and masks **MUST** be worn at **ALL TIMES**, with the **ONLY** optional exception being while mounted on a horse.

NAME (PRINT) _____ Contact Number _____

ADDRESS _____ E-MAIL _____

By signing this document, you acknowledge that you have read and complied with the above-mentioned safety precautions; agree that you truthfully answered these questions to the best of your knowledge so as to prevent the risk that dishonest or negligent answers pose to the health and safety of everyone attending the horse show; accept responsibility that intentionally false answers will expose everyone attending the horse show to a deadly virus; and agree to comply with all safety procedures put in place to protect the health and safety of everyone.

SIGNATURE _____ DATE _____

Upon completion of this form, management will provide each individual with a designated wrist band that must be worn by said individual at all times during which they are present at the show grounds. Please note that this form must be completed each day and the wristbands are only valid for the day upon which the form was completed.