

RELEASE OF LIABILITY

I hereby release IHA and Suffolk County or any of their agents for any injury or loss suffered during this event or in connection with this event. Photographs taken at an IHA Sponsored event may be used in publication.

\_\_\_\_\_ Signature

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ Date

# Islip Horsemen's Assoc., Inc. COVID-19 Screening and Waiver

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Temperature: PASS / FAIL

\* $\leq 99.9^{\circ}\text{F}$  is PASS.  $\geq 100.0^{\circ}\text{F}$  is FAIL

1. Have you experienced any COVID-19 symptoms within the past 14 days?  
(Fever or chills, cough, shortness of breath, difficulty breathing, muscle soreness, body aches, headaches, new loss of taste or smell, sore throat, congestion, running nose, vomiting, nausea, diarrhea).  
YES or NO
2. Have you had a positive COVID-19 test in the past 14 days?  
YES or NO
3. Have you been in close contact with confirmed COVID-19 or suspected COVID-19 case in the past 14 days? (CDC: "a close contact is defined as any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset [or for asymptomatic patients, 2 days prior to positive specimen collection] until the time the patient isolated").  
YES or NO

I will not hold Islip Horsemen's Association, Inc. or Suffolk County Parks Department liable if contracted COVID-19.

\_\_\_\_\_  
Signature (Parent/Guardian if under 18 years of age)

\_\_\_\_\_  
Date