



HEALTH & WELLNESS SELF-DECLARATION FORM: RIDING CAMPS

Camper's Name:

Camper's Date of Birth (dd/mm/yy):

Parent/Guardian Name:

Parent/Guardian Cell #:

Home Address:

Parent/Guardian Email Address:

Do you understand the risks of coming into contact with other people at ROSEWOOD HUNTERS & JUMPERS CAMP during the COVID-19 global pandemic?

YES or NO

Do you understand that you/your child could become infected with COVID-19 while participating in a ROSEWOOD HUNTERS & JUMPERS CAMP?

YES or NO

Do you agree to waive all liability and to indemnify ROSEWOOD HUNTERS & JUMPERS, Tanya Rosen and any others affiliated with the aforementioned for damages that may be incurred by as a result of any misstatement in this self-declaration?

YES or NO

Do you agree to monitor your/your child's temperature daily prior to attending ROSEWOOD HUNTERS & JUMPERS CAMP?

YES or NO

To your knowledge, have you/your child or anyone in your household had contact of any kind with someone diagnosed with COVID-19 (presumptively or confirmed) within the last 15 days?

YES or NO

Have you/your child or anyone in your household experienced any cold or flu-like symptoms in the last 15 days, including, but not limited to fever, cough, sore throat, respiratory illness, shortness of breath or difficulty breathing?

YES or NO

Have you/your child or anyone in your household returned from any destination outside of Canada or travelled in an airplane from any destination within the last 15 days?

YES or NO

Do you agree to inform ROSEWOOD HUNTERS & JUMPERS in the event that – within the 14-day period following your last visit to our facility – you/your child or someone in your household experiences any cold or flu-like symptoms for the purpose of anonymous contact tracing?

YES or NO

Do you understand that should circumstances arise you have a duty to ROSEWOOD HUNTERS & JUMPERS to refrain from entering the premise until a period of 15 days has passed?

YES or NO

Parent/Guardian Signature: _____ Date (dd/mm/yy): _____