

Participant COVID-19 Screening Questionnaire

- 1. To the best of your knowledge, have you had close contact with someone with suspected or confirmed COVID-19 infection within the last 14 days?

No: _____ Yes (Please Explain): _____

- 2. Are you currently experiencing, or have you had any of these symptoms in the last 14 days?

Fever greater than 100.4° F/Difficulty breathing/Persistent cough/Sore throat/General Aches or headaches

No: _____ Yes (Please Explain): _____

- 3. Is anyone in your immediate family/household currently experiencing, or have you had any of these symptoms in the last 14 days?

Fever greater than 100.4° F/Difficulty breathing/Persistent cough/Sore throat/General aches or headaches

No: _____ Yes (Please Explain): _____

I understand that while I am on the premises of *Will Rogers Memorial Center for the 2021 Region 9 AHA Sport Horse and Championship Show*, I am asked to follow the "COVID-19 Requirements & Best Practices Guidelines" that had been provided to me prior to my arrival to the show grounds, or upon my arrival to the show grounds. These guidelines include, but are not limited to: wearing nose and mouth covering mask; following sanitizing protocol; practicing social distancing as outlined by the Region 9 Show, USEF, CDC, Federal, State, and City/Facility. Any violation of these guidelines may result in me being restricted from the Will Rogers Memorial Center property.

Screening forms for participants, grooms, staff, officials, volunteers, and spectators will be kept in a secure, confidential area for the duration of the adherence to COVID-19 protocols and will only viewed by the individual staff person who receives this form from you. Each barn, or individual, should fill this out with specific names. Minimal people should be filling this form out with client due to HIPPA regulations. The screening forms will be securely destroyed when the *2021 Region 9 AHA Sport Horse and Championship Show* terminates adhering to any COVID-19 protocol. Individuals can choose not to complete this form. Anyone who chooses not to complete the form may be declined entry into the *2021 Region 9 AHA Sport Horse and Championship Show*, and denied participation in any activity on the grounds of *Will Rogers Memorial Center*.

I acknowledge I have signed the *2021 Region 9 AHA Release and Indemnity* form for this Show, and understand that I am entering the facility at my own risk. I attest that all my responses are correct to the best of my knowledge.

Print Name: _____

Signature: _____

Date: _____

Parent or Guardian if under 18 years of age

Print name of person if under 18 years of age: _____