

COVID-19 Screening Questionnaire and Waiver

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 99.1F/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 99.1F/difficulty breathing/persistent cough/sore throat/general aches or headaches

No: _____ Yes (Please Explain): _____

I understand that while I am on the premises of the Rabun County Arena, it is recommended that I follow the guidelines that have been provided to me, including, but not limited to: wearing a nose and mouth covering mask; wearing riding gloves; following sanitizing protocol as set forth by the stables, state, and CDC; practicing social distancing as outlined by the Stables, state, and CDC and JLC. Any violation of these guidelines may result in me being restricted from the property.

Client initials: _____ Parent/Guardian of minor initials: _____

Screening forms for riders will be kept in an on-site secure, confidential area for the duration of the adherence to COVID-19 protocols and will only be viewed by the Show Secretary. **Each barn 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 GA terminates adhering to any COVID-19 protocol. Individuals can choose not to complete this form. Anyone who chooses not to complete the form will be declined entry into Northeast Georgia Foothills Charity Horse Show and the Rabun County Arena and denied participation in any activity on the property.

I hereby waive any liability of the Northeast Georgia Foothills Charity Horse Show and the Rabun County Arena, its owners, agents, contractors, or employees in the event that I develop symptoms of, or receive a diagnosis of, COVID-19. I understand that I am entering the facilities of the Rabun County Arena at my own risk. I attest that all my responses are correct to the best of my knowledge. If it is determined that I have answered any of the above questions untruthfully I understand that I may be restricted from the property of the Rabun County Arena.

Print Name: _____

Sign Name: _____

Date: _____

Parent or Guardian if under 18 years of age: _____

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