

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 malaise (aches, headaches, etc.)

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 malaise (aches, headaches, etc.)

No Yes: Please

explain: _____

I understand that while I am at The NHAHA One Day Arabian Horse Show and/or Summer Jubilee Horse Show, I am required to 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 CDC and the State of New Hampshire; practicing social distancing as outlined by the state, and CDC. Any violation of these guidelines may result in me being restricted from The NHAHA One Day Arabian Horse show and/or Summer Jubilee Horse Show. 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. The screening forms will be securely destroyed at the termination of COVID-19 protocols. Individuals can choose not to complete this form. Anyone who chooses not to complete the form will be declined entry to The NHAHA One Day Arabian Horse Show and/or Summer Jubilee Horse Show, and denied participation in any activity on the property.

I hereby waive any liability of The NHAHA One Day Arabian Show and/or Summer Jubilee Horse Show, The Deerfield Fair Association, its owners, agents, contractors, associated agencies, or employees in the event that I develop symptoms of, or receive a diagnosis of, COVID-19. I understand that I am entering the NHAHA One Day Arabian Show and/or Summer Jubilee Horse Show 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 NHAHA One Day Arabian Show and/or Summer Jubilee Horse Show.

Print Name: _____

Sign Name: _____ Date: _____

Parent or Guardian if under 18 years of age

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

Phone Number: _____

Email: _____

Bracelet No: _____ -

(to be filled out by The NHAHA Horse Show staff at gate)