

## 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 99.1 °F / 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 has had any of these symptoms in the last 14 days?

Fever greater than 99.1 °F / Difficulty breathing / Persistent cough / Sore throat / General malaise (aches, headaches, etc.)

No: \_\_\_\_\_ Yes: \_\_\_\_\_ Please explain: \_\_\_\_\_

I understand that while I am at *Sassy Strides Equestrian Center*, 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 Maine; practicing social distancing as outlined by the state, and CDC. **Any violation of these guidelines may result in my being restricted from Sassy Strides Equestrian Center show grounds.**

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 Sassy Strides Equestrian Center and denied participation in any activity on the property.**

I hereby waive any liability of \_\_\_\_\_, *Sassy Strides Equestrian Center*, 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 *Sassy Strides Equestrian Center* 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 *Sassy Strides Equestrian Center*.

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: \_\_\_\_\_