

KANAWHA VALLEY HORSEMEN'S ASSOCIATION POINT SHOW

Winfield Riding Club, Winfield West Virginia

COVID-19 SCREENING QUESTIONNAIRE AND RELEASE OF LIABILITY

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

No:___ Yes (Please Explain): _____

2. 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, difficulty breathing, persistent cough, sore throat, general aches or headaches

No:___ Yes (Please Explain): _____

3. Are you currently experiencing or have you had any of these symptoms in the last 14 days? Fever greater than 100.4, difficulty breathing, persistent cough, sore throat, general aches or headaches

No:___ Yes (Please Explain): _____

Participation in this activity is completely voluntary. I understand that while I am on the premises of the Winfield Riding Club, I am required to follow the guidelines that have been provided to me including, but not limited to wearing a nose and mouth cover, practicing social distancing and following hand sanitizing protocol as recommended by the CDC. If I develop symptoms of COVID-19, I agree to participate in immediate and full isolation as directed by show management. I agree that I can be contacted by a representative from the show or a representative of the State of WV following the show for the purpose of contact tracing and will immediately report any COVID-19 symptoms that manifest within 14 days from the close of the show to any representative of KVHA. Any violation of these guidelines may result in me being restricted from the property of Winfield Riding Club.

Screening forms for participants will be kept in a secure, confidential area for the duration of the show. Forms will be viewed only by show and state officials as needed. The screening forms will be securely destroyed at the time that the COVID-19 state of emergency is terminated by the State of WV. Anyone who chooses not to complete this form will be declined entry into the KVHA show and Winfield Riding Club.

I hereby waive any liability of the Kanawha Valley Horsemen's Association and Winfield Riding Club, its owners, agents, contractors, or employees if I develop symptoms of or receive a diagnosis of COVID-19. I understand that I am entering the facilities of Winfield Riding Club at my own risk. I attest that 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 Winfield Riding Club during any Kanawha Valley Horsemen's Association show.

Print Name: _____ Sign Name: _____

Parent or Guardian if under 18 years of age: _____

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

Date: _____