

**Colorado Reined Cowhorse Association/ Slidin Daze
Health Acknowledgement & Liability Waiver**

I, _____, am aware of the potential spread of COVID-19 at gatherings of people and that the disease may lead to severe illness or potential death. By attending this event I knowingly and voluntarily accept this risk and accept sole responsibility for any injury to myself or my children (including, but not limited to, illness, damage, loss, claim, liability, or expense of any kind) that may arise out of or be incurred in connection with attendance at this equine event. I understand that the risk of becoming exposed to or infected by COVID-19 while attending an equine event may result from the actions, omissions, or negligence of myself or others, including, but not limited to, Colorado Reined Cowhorse Association, show staff, employees, volunteers, participants, and attendees and their families. I hereby release, covenant not to sue, discharge, and hold harmless Colorado Reined Cowhorse Association, Inc., its agents, officers, directors, employees, volunteers, attendees, or other participants from any claim.

SOCIAL DISTANCING

- I will, to the best of my ability, practice proper social distancing as recommended by the United States Center for Disease Control and any relevant State or County public health agency, and I will practice good hygiene (hand washing, use of hand sanitizer, wearing of a mask if and when required, etc.) and follow other health recommendations.
- I will maintain a distance of six feet between myself and other people in circumstances where more than one person is present. Examples of situations in which physical distancing will be observed include, but are not limited to: the show office, concession stands, bleachers, riding in warm-up areas, stalls, and RV areas.

HEALTH REPORTING:

- I have not experienced symptoms of possible COVID-19 in the last 14 days, including cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, diarrhea, feeling feverish or a temperature greater than 100°.
- To the best of my knowledge I have not been exposed to Covid-19 by having contact with a person confirmed or presumed because of symptoms to have COVID-19 in the last 14 days.
- I have not been diagnosed with COVID-19 within the last 14 days. If I have been infected by COVID-19 at any time, I have been medically released to return to normal activities.
- If I develop a fever or other symptoms of Covid-19 (such as a cough or difficulty breathing) or if I am diagnosed with COVID-19 within 14 days of this event, I will report this information Colorado Reined Cowhorse Association.

Signed: _____ Date: _____
Parent/Guardian: _____ Date: _____

If under 18, a parent or guardian must sign.

Address _____ Phone _____

Please list All Additional Members in your group/barn family _____

