



Health Declaration Form for -COVID -19

Required to be submitted for every person planning to visit, attend or participate in activities or riding lessons at Claudia Heath Farm - CHF at least 24 hours prior to the schedule visit to the Farm.

I, _____
(insert full name)

Hereby certify, represent and warrant as follows:

Within the twenty-one days (21) immediately preceding the date of this Health Declaration Form ("Declaration"),

I HAVE NOT:

- a. Tested positive or presumptively positive with the Coronavirus or been identified as a potential carrier of the COVID -19 virus or similar communicable illness ("Coronavirus");
- b. Experienced any symptoms commonly associated with the Coronavirus;
- c. Been in any location positively designated as hazardous and/or potentially infected with the Coronavirus by a recognized health or regulatory authority, such as a country for which the Center of Disease Control and Prevention ("CDC") issued a level 3 Travel Advisory for Coronavirus;
- d. Been in direct contact with or the immediate vicinity of any person I knew and/or now knows to be carrying the Coronavirus or has been identified as a potential carrier of the Coronavirus

I AGREE to notify Claudia Heath Farm- CHF (by email Claudiarheath@aol.com or text (407)-402 6454) of any changes in status, including diagnosis with Coronavirus and/ or Quarantine, within thirty (30) days either before or following a visit to the Farm.

I WILL, if asked, wear a mask (of the specification recommended by the representative of Claudia Heath Farm) at all time while on the Farm, and will take all reasonable prophylactic steps that may be recommended by Claudia Heath Farm.

I ACKNOWLEDGE and ACCEPT that this Declaration shall be governed by the state of Florida. I irrevocably agree that the competent Courts of Florida shall have jurisdiction to hear and determine any law suit, action or proceeding, and to settle any dispute which may arise out of, under, or in connection with this Declaration and for such purposes hereby irrevocably submit to the jurisdiction of such Courts.

I ACKNOWLEDGE and ACCEPT that this Declaration will be considered as my consent to Claudia Heath Farm to disclose, share, record and store this Declaration with any relevant Authority or service provider for the purpose of ensuring the safety and security of any and all third parties that may come in contact with me prior, during, and after any visit to Claudia Heath Farm.

If over the previous Twenty-one days ("21") prior to the visit to the Center, I have visited any other countries, states or regions that have a CDC Level 3 Health Notice or travel to which is restricted subjected



to US President's Proclamation, upon CHF's representative's request, I AGREE to provide a written verification executed by a licensed physician or a medical facility prior to arriving at CHF confirming that (I) a CDC- approved Coronavirus test was administered on me and was negative and I do not exhibit any Coronavirus symptoms.

I recognize that CHF has agreed to allow me or my child(ren) to participate in classes on the condition that I sign this Waiver, and I, and on my child(ren)'s behalf, agree that we are all bound by its terms.

I agree to indemnify and hold harmless the Releasees against any and all claims, suits, or actions of any kind whatsoever for liability, damages, compensation, or otherwise brought by me, my child(ren) or anyone on my or her/his/their behalf. In the event that any provision contained within this Waiver shall be deemed to be severable or invalid, unlawful, or otherwise unenforceable, the remainder shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision to be invalid or unenforceable, then that provision shall be deemed to be written, construed, and enforced as so limited.

I AFFIRM that all the above statements apply equally to the following minors under the age of 18 visiting or participating in activities at CHF (either with me or with my consent) at any time visiting or participating in activities at/or with CHF.

Name of minor: _____

Name of minor: _____

Name of minor: _____

If any above statement is not wholly true, please provide a full explanation here:

In signing below, I, an individual over 18 of sound mind, knowingly, voluntarily, and freely agree to the terms of this Biding Declaration, and in doing so represent the truthfulness and veracity of the above answers.

(signature)

(date)

(valid government ID Number)