

Rider 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 aches or headaches

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 aches or headaches

No: _____ Yes (Please Explain): _____

I understand that while I am on the premises of **Stafford Hills Eq, LLC**, 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 stables, state, and CDC; practicing social distancing as outlined by the Stables, state, and CDC. Any violation of these guidelines may result in me being restricted from the property of **Stafford Hills Eq, LLC**.

Client 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 and will only be viewed by **Stafford Hills Eq, LLC**.

The screening forms will be securely destroyed when **Governor Brown** terminates adhering to any COVID-19 protocol. Individuals can choose not to complete this form. Anyone who chooses not to complete the form will be declined entry into **Stafford Hills Eq, LLC**, and denied participation in any activity on the property.

I hereby waive any liability of **Stafford Hills Eq, LLC**, its owners, agents, contractors, or employees in the event that I develop symptoms of, or receive a diagnosis of, COVID-19. I understand that I am entering the facilities of **Stafford Hills Eq, LLC at 715 Rosemont Road, West Linn, OR** 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 property of **Stafford Hills Eq, LLC**.

Print Name: _____

Sign Name: _____

Date: _____

Parent or Guardian if under 18 years of age

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

In accordance with State of Oregon public health orders and guidance, **Stafford Hills Eq, LLC** has followed recommendations to protect its employees and clients from Covid-19 and expects that clients who exercise their horses at **Stafford Hills Eq, LLC** have also complied with all public health orders and guidance in order to minimize the risks associated with Covid-19.

I _____, have reviewed and agree to abide by the above requirements.

Signature _____