



**This form has to be signed by all members, staff, competitors, volunteers, parents, trainers, etc.**  
**Health and Wellness Self-Declaration Form:**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
First, Last (mm/dd/yyyy)

**Home Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

This declaration is for the entirety of the aforementioned event. If, during the course of the event, your answers to any of the questions below changes it is your responsibility to inform KRC and/or Show Management accordingly and to complete an updated Self-Declaration Form.

**Please circle the answers below.**

1. I agree to adhere to the BC Ministry of Health Guidelines for the COVID-19 Global pandemic. **YES – NO**
2. Do you understand the risks of coming into contact with other people at KRC during the COVID-19 global pandemics? **YES – NO**
3. Do you agree to waive all liability and to indemnify KRC, KRC Board, Equestrian Canada and Horse Council of British Columbia for damages that may be incurred as a result of any misstatements in the self-declaration. **YES – NO**
4. Do you agree to monitor own temperature each morning prior to entering the KRC property and KRC show grounds. **YES - NO**
5. To your knowledge, have you or anyone in your household had contact of any kind with someone diagnosed with COVID-19 (presumptively or confirmed) within the last 21 days. **YES – NO**

**If you answer YES to question #5 then KRC asks you to leave the property in order to adhere to the BC Ministry of Health Guidelines and to protect the KRC staff and others who are visiting KRC.**

6. Have you or anyone in your household experiences and cold or flu like symptoms in the last 21 days (including but not limited to: fever, cough, sore throat, reparatory illness, shortness of breath or difficulty breathing?) **YES – NO**

**If you answer YES to question #6 then KRC asks you to leave the property in order to adhere to the BC Ministry of Health Guidelines and to protect the KRC staff and others who are visiting KRC.**

7. Have you or anyone in your household returned from any destination outside of Canada or travelled in an airplane within the last 21 days? **YES – NO**

**If you answer YES to question #7 then KRC asks you to leave the property in order to adhere to the BC Ministry of Health Guidelines and to protect the KRC staff and others who are visiting KRC.**

8. Have you or anyone in your household returned from any destination outside of the province of British Columbia or travelled in an airplane within the last 21 days? **YES – NO**

**If you answer YES to question #8 then KRC asks you to leave the property in order to adhere to the BC Ministry of Health Guidelines and to protect the KRC staff and others who are visiting KRC.**

9. Do you agree to inform KRC in the event that, within 14-day period following this competition, you or someone in your household experiences any colds or flu like symptoms for the purpose of anonymous contract tracing? **YES - NO**

10. Do you understand that should circumstances arise you have a duty to KRC to refrain from entering the premise until a period of 21 days have passed? **YES – NO**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If person's names on this form is under the age of 18, this form must be signed by a parent or legal guardian, and the information below completed.

Name of Parent/Legal Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_