

CAMPBELL VALLEY EQUESTRIAN SOCIETY

COVID-19 PARTICIPANT AGREEMENT

All Participants (riders, competitors, coaches, trainers, volunteers and officials) must complete this form and submit on the day of the show or other activity. Please check the appropriate box.

| 1 | I agree to adhere to the BC Ministry of Heath Guidelines for the COVID-19 Global pandemic including maintaining a two-metre separation from others and practicing good hygiene (hand hygiene, avoid touching face, respiratory etiquette). | YES | |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| | | NO | |
| 2 | I understand the risk of coming in contact with other people at the CVES Dressage Schooling Show , Cross Country Schooling Day or other CVES hosted activity during the COVID19 global pandemic. | YES | |
| | | NO | |
| 3 | I agree and assume all risk and release and absolve CVES and its officials, volunteers, directors, agents, representatives, Horse Council BC and Metro Vancouver Regional Parks from all responsibility, liability or claims I may have arising from participating in this activity during the COVID-19 pandemic. | YES | |
| | | NO | |
| 4 | 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 14 days? | YES | |
| | | NO | |
| 5 | Are you experiencing any cold or flu-like symptoms, including, but not limited to fever, cough, sore throat, respiratory illness, shortness of breath or difficulty breathing? | YES | |
| | | NO | |
| 6 | Have you or anyone in your household returned from any destination outside of Canada or travelled in an airplane from any destination within the last 14 days? | YES | |
| | | NO | |
| | If you answer YES to any of Questions 4, 5 or 6, stay at home in order to adhere to the BC Ministry of Health Guidelines and to protect others who are at Campbell Valley Regional Park. | | |
| 7 | I have read, understood and will abide by the CVES COVID-19 Safety Plan. | YES | |
| | | NO | |

| Print name | Signature |
|---------------|-----------|
| Date | Phone |
| Guardian name | Signature |

If person named is under the age of 18, then form must be signed by legal guardian.