



## 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 \_\_\_\_\_, 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 \_\_\_\_\_.

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 \_\_\_\_\_.

The screening forms will be securely destroyed when \_\_\_\_\_ 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 \_\_\_\_\_, and denied participation in any activity on the property.

I hereby waive any liability of \_\_\_\_\_, 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 **ROGERS EQUESTRIAN CENTER**, located at 26897 Fredrick Ave. Columbia Station Ohio 44028, 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 \_\_\_\_\_.

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 \_\_\_\_\_ public health orders and guidance, \_\_\_\_\_  
\_\_\_\_\_ has followed recommendations to protect its employees and clients from Covid-19  
and expects that clients who exercise their horses at \_\_\_\_\_ have also complied  
with all public health orders and guidance in order to minimize the risks associated with Covid19.  
I \_\_\_\_\_, have reviewed and agree to abide by the above the requirements.