**FSRC Horse Shows Participant Questionnaire & Release**

**Safety & Social Distancing**

Ensuring the safety and welfare of horses, show participants, officials and show and facility staff is the top priority of Free State Riding Club (the Show). The Show will be enforcing social distancing and other safety protocols throughout the declaration of a state of emergency due to the COVID-19 pandemic. All participants including riders and their families, trainers, coaches, grooms, etc. must abide by these protocols for their own health and safety, as well as the health of others. Any participant who does not abide by these and other posted restrictions may be asked to leave the facility. Repeated violations may result in more severe consequences, up to and including a ban from the facility.

**Agreement**

In exchange for being permitted to participate in Free State Riding Club managed activities at Free State Riding Club (the Facility), the participant, or parent on behalf of a minor participant, hereby agrees to abide by the procedures set forth in this agreement.

**Rules and Regulations**

I hereby agree to be bound by and abide by the rules, regulations, and policies of Free State Riding Club as posted at the facility and promulgated by the Show’s staff, and as amended from time to time.

**Release**

I acknowledge that I, or the minor rider for whom I am responsible, will participate in activities at the Facility during a time of declared state and federal emergency due to the COVID-19 pandemic, and that I accept the risk inherent in participating in horse riding activities during such emergency declaration. On behalf of myself, or any minor rider for whom I am responsible, I hereby expressly assume and accept all such risks, including the risk of loss, damage, infection, or injury occurring as a result of visiting and/or participating in these activities at the Facility. I understand that COVID-19 is a deadly infectious disease, and that no activity, even outdoor activities including horse riding, is inherently safe from the risk of infection. On behalf of myself, or any minor Rider for whom I am responsible, and my or our heirs, successors, executors, representatives, I hereby voluntarily, knowingly, intentionally, irrevocably and unconditionally waive, release and discharge Free State Riding Club, including its agents, volunteers, employees, directors, and officers (collectively, the "Released Parties"), from any and all claims, damages, obligations, liabilities and expenses (including, without limitation, attorneys' fees) that arise out of or are related to these activities, whether foreseen or unforeseen, including, without limitation those for personal injury (including broken bones, head or neck injuries); loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable nature of horses; exposure to extreme conditions and circumstances; accidents involving other participants, staff, volunteers, or spectators; contact or collision with other participants and horses, natural or manmade objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets); inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of Show and Facility staff; infection, or death; and other undefined, not readily foreseeable and presently unknown risks and dangers; except for those injuries that result from the Show's willful or gross negligence. I further waive all relief, whether legal or equitable, that I, or any minor rider for whom I am responsible, or any of his or her other legal guardians, parents or assigns, may be entitled to seek from either the Show or the Released Parties, including, without limitation, compensatory damages, punitive damages, attorneys' fees, expenses, and costs. I also agree to indemnify and hold the Show and the Released Parties harmless from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any action brought as a result of participation in these activities by myself or the minor Rider for whom I am responsible. I represent that I have full right, power and authority to sign this Release and to bind myself and/or any minors to its terms. I have carefully read, clearly understand, and voluntarily signed this Release.

\_\_\_\_\_\_\_

 Initial

**COVID-19 SCREENING QUESTIONAIRE:**

1. In the last 14 days have you had a fever greater than 99.5℉, or have they taken any antipyretic

medicines for the purpose of fever suppression, including acetaminophen, ibuprofen, aspirin, or

naproxen?

\_\_\_\_ YES, I have had a fever, or have taken medication to suppress a fever

\_\_\_\_ No, I have not had a fever and have not taken medication to suppress a fever

2. In the last 14 days have you had any flu-like symptoms not associated with allergies, including chills,

muscle aches, cough, congestion, runny nose, headaches, and fatigue?

\_\_\_\_ YES, I have had one or more of these symptoms

\_\_\_\_ No, I have not had any of these symptoms

3. In the last 14 days, have you had close contact with someone who has tested positive for COVID-19?

\_\_\_\_ YES, I have had close contact with someone who has tested positive

\_\_\_\_ No, I have not had close contact with anyone who has tested positive

4. In the last 14 days have you had any contact with anyone with flu-like symptoms not associated with

allergies, including chills, muscle aches, cough, congestion, runny nose, headaches, and fatigue?

\_\_\_\_ YES, I have had contract with someone with these symptoms

\_\_\_\_ No, I have not had contact with someone with have any of these symptoms

5. Are you currently waiting on a COVID 19 test result?

\_\_\_\_ Yes, I am waiting for a COVID-19 test result.

\_\_\_\_ No, I am not waiting for a COVID-19 test

If you have answered “YES” to any of these questions you are prohibited from being on the competition

grounds until further notice. \*

**\*Exception:** Healthcare personnel who have treated patients using appropriate medical grade PPE

during the course of performing professional duties are exempted from this restriction.

**Participant’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature(if 18 or older):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name Signing for Minor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature (Under 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I am a/an (circle all that apply):**

Exhibitor Parent Owner Trainer Groom Show Staff Member Show Official

In order to keep proper social distancing, numbers of attendees must be kept to a minimum. We do not

allow spectators at this time. We ask that after you compete, you leave the facility in a timely manner.