



## COVID-19 Health Screening Declaration and Waiver

The safety of our Riders, Volunteers, and Visitors remains *PARD Therapeutic Riding's* priority.

Every person entering the property must complete this Health Screening Declaration upon arrival and adhere to *PARD Therapeutic Riding's* COVID-19 Protocols while on the property.

Thank you!

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|--|---|
| <p>I understand the risks of coming into contact with other people during the COVID-19 pandemic at the PARD facility. I understand that I could become infected with COVID-19 through exposure at the facility. I agree to waive all liability and to indemnify the facility for damages that may be incurred by the facility as the result of any misrepresentation in this self-declaration.</p> | <p>Yes [ <input type="checkbox"/> ]<br/>No [ <input type="checkbox"/> ]</p> |
| <p>To your knowledge, have you or anyone in your household had contact of any kind with someone exposed to or diagnosed (confirmed or presumptive) with COVID-19 in the past 14 days?</p>  | <p>Yes [ <input type="checkbox"/> ]<br/>No [ <input type="checkbox"/> ]</p> |
| <p>Have you or anyone in your household experienced ANY symptoms of illness (cough, sore throat, fever, shortness of breath, upset stomach) within the past 14 days?</p>   | <p>Yes [ <input type="checkbox"/> ]<br/>No [ <input type="checkbox"/> ]</p> |
| <p>Have you or any member of your household travelled outside of Ontario or anywhere on an airplane within the past 14 days?</p>   | <p>Yes [ <input type="checkbox"/> ]<br/>No [ <input type="checkbox"/> ]</p> |

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Purpose of Visit \_\_\_\_\_

Staff Witness \_\_\_\_\_

Signature \_\_\_\_\_