



This form must be signed by all staff, competitors, officials, volunteers, parents, groom, or other person with competitor prior to entering the property of Maple Ridge Equi-Sport Centre, 21973 132nd Ave Maple Ridge, BC.

Health and Wellness Self-Declaration Form:

Name: _____

Home Address: _____

Email Address: _____

Date of Birth: (dd/mm/year) ____ / ____ / ____

Cell Phone: _____

Event Name: **MREC DRESSAGE & DERBY SHOW**

Event Date: **July 4 & 5, 2020**

This declaration is for the entirety of the above event. If, during the event, your answers to any of the questions below changes it is your responsibility to inform MREC and /or Show Management accordingly and to complete an updated Self-Declaration Form. Please answer the following questions with X below and submit signed Self Declaration Form with Entry Forms.

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 meeting other people at MREC during the COVID-19 global pandemic?
YES ____ NO ____
3. Do you agree to waive all liability and to indemnify MREC, MREC Staff, Jack Polo, Equestrian Canada and Horse Council of British Columbia for all or any damages that may be incurred as a result of any mis-statements in the health self-declaration? YES ____ NO ____
4. Do you agree to monitor your own temperature each morning prior to entering the MREC property and MREC 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 14 days?
YES ____ NO ____
(If you answer YES to question #5 then MREC can not accept your Entry in order to adhere to the BC Ministry of Health Guidelines and to protect the MREC staff and others who are visiting MREC.)
6. Have you or anyone in your household experiences and cold or flu like symptoms in the last 14 days including but not limited to: fever, cough, sore throat, respiratory illness, shortness of breath or difficulty breathing?) YES ____ NO ____



(If you answer YES to question #6 then MREC can not accept your Entry and requests you to leave the property to adhere to the BC Ministry of Health Guidelines and to protect the MREC staff and others who are visiting MREC.)

7. Have you or anyone in your household returned from any destination outside of Canada or traveled in an airplane within the last 14 days? YES ___ NO ___

(If you answer YES to question #7 then MREC can not accept your Entry in order to adhere to the BC Ministry of Health Guidelines and to protect the MREC staff and others who are visiting MREC.)

8. Have you or anyone in your household returned from any destination outside of the province of British Columbia traveling in an airplane within the last 14 days? YES ___ NO ___

(If you answer YES to question #8 then MREC can not accept your Entry and requests you self isolate at home and leave the property in order to adhere to the BC Ministry of Health Guidelines and to protect the MREC staff and others visiting MREC.)

9. You agree to inform and notify by email MREC in the event that, within 14-day period following this event, you or someone in your household experiences any cold or flu like symptoms for the purpose of anonymous contact tracing *in order to adhere to the BC Ministry of Health Guidelines and to protect the MREC staff and others visiting?* YES ___ NO ___

10. You agree to always practise social distancing protocols keeping 2 meters apart and wearing a protective face mask when on the MREC property, except when mounted on a horse or in your own private vehicle. You agree and acknowledge that the event is closed for public spectators and is limited to one horse rider and groom or assistant (2 people) per horse entry while participating at MREC event each day. Frequent use of MREC hand sanitizing stations on premises is encouraged while at the event. Yes ___ No ___

11. You have read, understand, and accept the MREC rules and conditions governing the event. Yes ___ No ___

Rider Signature: _____ Date: _____

If persons named on this form are under the age of 18, this form must be signed by a parent or legal guardian, and the information below completed.

Print Name of Parent/Legal Guardian: _____

Signature: _____

Please submit completed Health Form with Entry Form and Entry Agreement and credit card deposit on forms. Entries will only be accepted by email sent to mrec.entries@gmail.com by closing date of event.