



MAPLE MEADOWS

EQUESTRIAN CENTRE

Health and Wellness Self- Declaration Form:

This form has to be signed by all staff, volunteers, parents, trainers, etc.

Name: _____

Home Address: _____

Email Address: _____

Date of Birth: _____

Cell Phone: _____

This declaration is for the entirety of your visits to MMEC. If, during the course of your visits, your answers to any of the questions below changes, it is **your responsibility to inform Maple Meadows accordingly at 604-816-1400 and to complete an updated Self-Declaration Form.**

Please circle the answers below.

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 coming into contact with other people at MMEC during the COVID-19 global pandemics? **YES – NO**

3. Do you agree to waive all liability and to indemnify MMEC, MMEC Staff, Equestrian and Canada and Horse Council of British Columbia for damages that may be incurred as a result of any misstatements in the self-declaration? **YES – NO**

4. Do you agree to monitor your own temperature each morning prior to entering the MMEC property? **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 21 days? **YES – NO** (If you answer YES to question #5 then MMEC asks you to leave the property in order to adhere to the BC Ministry of Health Guidelines and to protect the MMEC staff and others who are visiting MMEC.)

6. Have you or anyone in your household experienced cold or flu-like symptoms in the last 21 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 MMEC asks you to leave the property in order to adhere to the BC Ministry of Health Guidelines and to protect the MMEC staff and others who are visiting Maple Meadows Equestrian Centre}

7. Have you or anyone in your household returned from any destination outside of Canada or travelled in an airplane within the last 21 days? **YES – NO** (If you answer YES to question #7 then MMEC asks you to leave the property in order to adhere to the BC Ministry of Health Guidelines and to protect the MMEC staff and others who are visiting MMEC.)

8. Have you or anyone in your household returned from any destination outside of the province of British Columbia or travelled in an airplane within the last 21 days? **YES – NO** (If you answer YES to question #8 then MMEC asks you to leave the property in order to adhere to the BC Ministry of Health Guidelines and to protect the MMEC staff and others who are visiting MMEC.)

9. Do you agree to inform MMEC in the event that, within a 14-day period following a visit, you or someone in your household experiences any colds or flu-like symptoms for the purpose of anonymous contact tracing? **YES - NO**

10. Do you understand that should circumstances arise, you have a duty to MMEC to refrain from entering the premises until a period of 21 days have passed? **YES – NO**

Signature: _____

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Date: _____

If a person's name on this form is under the age of 18, this form must be signed by a parent or legal guardian, and the information below completed.

Name of Parent/Legal Guardian: _____

Signature: _____