



The Ridge at Riverview Competition Entrance Affidavit

By signing this form, I hereby agree to the 2020 COVID-19 Policy and Rules for The Ridge at Riverview Horse Shows. I also certify that I am following the protocols of the USEF COVID-19 Action Plan, specifically the mandatory requirements for Participants. In doing so:

- I have self-monitored my temperature daily for the last two weeks prior to entering the competition grounds and have maintained a temperature below 99.5° F (37.5° C).
- I have not exhibited COVID-19 symptoms as described by the CDC in the last two weeks.
- I have not tested positive for COVID-19 within the last two weeks.
- I have not been in contact with someone who has tested positive for COVID-19 within the last two weeks. (Exception: Healthcare personnel who have treated patients using appropriate medical-grade PPE during the course of performing professional duties are exempted from this restriction)
- I understand and agree that it is my responsibility to wear a facemask or face covering when in a public setting where there is a possibility of being within six feet of another individual, and when not mounted on a horse.
- I will self-monitor my own temperature every morning prior to leaving for the show grounds.
- If I should begin to experience any symptoms of COVID-19 or exhibit a temperature of 99.5°F (37.5°C) or above after my initial entrance onto the show grounds, I will immediately notify The Ridge at Riverview management and seek medical help.
- If I should begin to experience any symptoms of COVID-19 or exhibit a temperature of 99.5°F (37.5°C) or above within 14 days of leaving the competition, I will notify The Ridge at Riverview management and immediately seek medical help.
- If I am diagnosed with COVID-19 after arriving at a competition or within 14 days of leaving the competition, I will notify management so specific steps can be made to quarantine others that may have been affected prior to that diagnosis.
- I understand that I am required to provide a valid cell phone number and email address so I will receive all notifications from the competition.

Name of Participant: _____

Name of Parent/Guardian if Participant is a Minor: _____

Name of Trainer: _____

Notification Information

Cell Phone: _____ Email: _____

Emergency Contact Information

Name: _____ Cell Phone Number: _____

Participant Signature: _____ Date: _____
(Parent/Guardian if Participant is a Minor)

If participant is a Trainer, you must initial below

I understand that I am responsible for my staff and clients. I will make sure that I am using knowledgeable professionals that understand all COVID-19 protocols and risks. The barn area assigned to me is my responsibility to operate and apply all best management practices. I will bring to the show grounds, all the same materials and operating protocols that I have implemented in my private barn operation since the start of COVID-19 pandemic.

I understand that The Ridge at Riverview horse shows will not be providing materials in the barn areas that are essential to the operation of my private business. I agree to provide or arrange these items for my staff and clients to operate safely.

(initials) _____