



HIGH POINT
EQUESTRIAN CLUB

This form must be signed by all staff, competitors, officials, volunteers, parents, groom, or other person with competitor prior to entering the property of High Point Equestrian Centre, 658 200th street, Langley, BC.

Health and Wellness Self-Declaration Form:

Name: _____

Home Address: _____

Email Address: _____

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

Cell Phone: _____

Event Name: _____

Event Date: _____

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 HP 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 HP during the COVID-19 global pandemic?

YES ___ NO ___

3. Do you agree to waive all liability and to indemnify HP, HP Staff, Horse Council of British Columbia for all or any damages that may be incurred as a result of any misstatements in the health self-declaration?

YES ___ NO ___

4. Do you agree to monitor your own temperature each morning prior to entering the HP property and HP 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 21 days?

YES ___ NO ___

(If you answer YES to question #5 then HP can not accept your Entry to adhere to the BC Ministry of Health Guidelines and to protect the HP staff and others who are visiting HP.)

6. Have you or anyone in your household experiences and 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 HP 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 HP staff and others who are visiting HP.)

7. Have you or anyone in your household returned from any destination outside of Canada or traveled in an airplane within the last 21 days?

YES _____ NO _____

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

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 21 days? YES _____ NO _____ *(If you answer YES to question #8 then HP 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 HP staff and others visiting HP.)*

9. You agree to inform and notify by email HP 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 HP 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 HP 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 HP event each day. Frequent use of HP hand sanitizing stations on premises is encouraged while at the event.

Yes _____ No _____

11. You have read, understand, and accept the HP 2020 rules and conditions governing the event according to Equestrian Canada Rule Book Section E Dressage.

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 Show@highpointec.ca by closing date for entries