

DOUBLE DIAMOND COVID-19 Waiver

This waiver must be completed and signed by all participants prior to participating in any program or using the facility in any capacity at Double Diamond Equestrian Center.

Participant Name _____

Parent Name _____

Phone Number _____

Email Address _____

Emergency Contact _____

Emergency Contact Phone Number _____

Have any immediate family members been diagnosed or in contact with anyone diagnosed with COVID-19?

- Yes
- No

Have you had any of the following symptoms within the last 14 days?

- Fever
- Cough
- Shortness of Breath
- Difficulty Breathing
- None

I understand and agree to the following. (Initial each line)

_____Participant acknowledges that during a pandemic, no area is completely safe. DDEC has established rules that will mitigate the risk, but participant accepts full responsibility for participating in programs at DDEC, including accepting all risk associated with potentially contracting COVID-19. Further, participant releases DDEC from any liability and agrees to hold DDEC harmless for any and all issues in the event participant does contract COVID-19 from any source during the times that participant visited DDEC.

_____Participant agrees to follow all rules established by DDEC, at the time they are posted. If rules are consistently not followed, participant will be asked to discontinue use of DDEC facility and programs.

_____If participant begins to exhibit or feel any of the above stated symptoms, participant will discontinue visiting DDEC immediately and not return until they are symptom free for 72 hours.

If participant contracts COVID-19 from any source and has visited DDEC within 14 days of diagnosis, participant will notify DDEC's director.

I attest that all information on this form is correct to the best of my knowledge.

Parent or Guardian signature required for members 18 & under.

Parent Signature