

# **PARTICIPANT RELEASE / WAIVER**

## **GENERAL WAIVER:**

In consideration of the execution of a similar contract by all persons participating in this horse show, I hereby agree to abide by all rules, uphold the principles of sportsmanship and fair play and abide by the County Code of Conduct. The undersigned do hereby expressly stipulate and agree to indemnify and hold forever harmless BEST Horse Shows, LLC, Maryland Horse Shows Association, Wicomico Equestrian Club, Ltd., Wicomico County, and the Wicomico County Department of Recreation, Parks and Tourism, its agents, officers, and employees, against loss from any and all claims, demands, or actions in law or equity that may hereafter at any time be made or brought by the participant listed above, or by anyone on behalf of said participant for the purpose of enforcing a claim for damages on account of any injuries received or sustained by the participant arising out of his participation in the horse show. In signing this Release and Hold Harmless Agreement, each of the undersigned hereby acknowledges and represents that they are aware of the risks and hazards inherent in participating in the horse show including exposure to the potential risk of concussion and exposure to the potential risk of infectious disease. No insurance covering accident or injury has been provided for participants. Arrangements for any such insurance would have to be made individually by the undersigned.

## **COVID-19 SCREENING:**

Participants and spectators are recommended to self-screen prior to arriving on site at any program, event or activity in accordance with CDC guidelines. The following questions should be answered, and actions should be taken.

- Have you had any of the following new symptoms in the last seven days: fever or chills, cough (either new, or different than your usual cough), sore throat, shortness of breath or any other flulike symptoms?

- In the past week, have you been in close (less than 6 feet), prolonged contact (more than 2-3 minutes) with someone with suspected or confirmed COVID-19 without using infection protection and control precautions?

- Temperature Screening – if you register a temperature of 100.4 degrees Fahrenheit or above you must stay home.

If you answer yes to any of these questions or have a temperature higher than 100.4 degrees Fahrenheit you must stay home and not return to activity until you have been cleared and have a medical release. If you fail to agree to screening, you are not allowed to participate or attend.

Participant's Name: \_\_\_\_\_

Signature(if 18 or older): \_\_\_\_\_

Parent/Guardian Name Signing for Minor: \_\_\_\_\_

Parent/Guardian Signature (Under 18): \_\_\_\_\_

Date: \_\_\_\_\_