



NY County Fair Racing

COVID-19 Screening and Acknowledgement Questionnaire

Must be completed in full for each fair attending. Please complete in advance to speed entry to fairgrounds.

As a condition of racing you must follow all established State Department of Health and Center for Disease Control (CDC) applicable guidelines and protocols, in addition to "Protocols for NYS County Fair Racing 2020" and any additional requirements of the fairgrounds or local health officials. You must also truthfully and accurately respond NO to all COVID-19 risk-related questions below. Anyone refusing to comply or answering yes to any of the questions that follow will be denied entry.

Date _____ Fair _____

Full Name	Mailing Address	Telephone

Have you:	Y	N
1. Knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19		
2. Tested positive for COVID-19 in the past 14 days		
3. Experienced any symptoms of COVID-19 in the past 14 days, which may include fever, cough, shortness of breath, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.		

By signing below, I certify that I have completed a daily symptom assessment in accordance with the applicable public health orders in effect and answered all questions above truthfully. I enter at my own risk and understand and accept that the fair and the Agriculture and New York State Horse Breeding Development Fund, their officers, volunteers, employees and contractors, assume no liability in the case that I should contract any virus/illness while on the property. I will comply with all protocols required to participate. My signature below acknowledges my compliance with the above statements.

Signature