

2021 New York Spring Dairy Carousel Show COVID-19 Health Screening Assessment

Participants/visitors/contributors/volunteers are required to comply with health screenings prior to entering the New York Spring Dairy Carousel Show (health screening on back).

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people of more than 50.

Acknowledgement of Risk

I, (Name of exhibitor/ participant/ volunteer/ other) _____ understand that the New York Holstein Association has put in place preventative measures to reduce the spread of COVID-19; however, the New York Holstein Association cannot guarantee that I or any of my contacts will not become infected with COVID-19. Further, entering the facilities of, or participating in the New York Spring Dairy Carousel could increase my risk of contracting COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 diseases may result from the actions, omissions, of myself and others, including, but not limited to, New York Holstein Association staff, other participants, visitors or vendors. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my contacts (including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind), that I or my contacts may experience or incur in connection with my entering the New York Spring Dairy Carousel or the Erie County Fairgrounds. On behalf of myself and on behalf of my heirs and estate, I hereby release, covenant not to sue, discharge, and hold harmless the New York Holstein Association and/or Erie County Fairgrounds, its directors, officers, employees, agents, volunteers, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, or omissions of the New York Holstein Association and/or Erie County Fairgrounds, its directors, employees, volunteers, agents, exhibitors, and representatives, whether a COVID19 infection occurs before, during, or after my participation. And in addition: As a volunteer, exhibitor/participant or the guardian of a program participant under the age of 18, by signing the attached, I acknowledge that I have reviewed the posted plan for the New York Spring Dairy Carousel Show and I will abide by the guidelines and continued updates as released by NYS Forward and the CDC.

Signature (if over 18 years) _____ Today's Date _____

If under 18 years Guardian/Parent Name _____ Guardian/Parent

Signature _____ Date _____

Days in attendance of the New York Spring Dairy Carousel Show

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday

A COMPLETED FORM IS REQUIRED FOR EVERY INDIVIDUAL IN ATTENDANCE AT THE NEW YORK SPRING DAIRY CAROUSEL SHOW. WRISTBANDS WILL BE PROVIDED TO THOSE WHO COMPLETE THIS FORM. WRISTBANDS MUST BE WORN AT ALL TIMES!

NAME: _____

TODAY'S DATE: _____

PLEASE READ EACH QUESTION CAREFULLY		PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU	
<p>Have you experienced any of the following symptoms in the past 14 days:</p> <ul style="list-style-type: none"> • fever or chills • cough • shortness of breath or difficulty breathing • fatigue • muscle or body aches • headache • new loss of taste or smell • sore throat • congestion or runny nose • nausea or vomiting • diarrhea 	YES	NO	
<p>Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with:</p> <ul style="list-style-type: none"> • Anyone who is known to have laboratory-confirmed COVID-19? <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Anyone who has any symptoms consistent with COVID-19? 	YES	NO	
<p>Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?</p>	YES	NO	
<p>Are you currently waiting on the results of a COVID-19 test?</p>	YES	NO	
<p>Did you answer NO to ALL QUESTIONS?</p>	<p>Access to NY Spring Dairy Carousel show is APPROVED. Please show this to security at the facility entrance. Thank you for helping us protect you and others during this time.</p>		
<p>Did you answer YES to ANY QUESTION?</p>	<p>Access to NY Spring Dairy Carousel Show NOT APPROVED. Thank you for helping us protect you and others during this time.</p>		

Attestation: I agree that I am attesting to the truthfulness and accuracy of the information I have provided on this form and I agree not to enter the Erie County Fairgrounds if indicated by the health screening questions above.

Signature (parent / guardian signature (if under 18 years of age))

Date