Although this facility has reopened according to Provincial Health Guidelines, the safety of our boarders, pupils, other attendees and staff members remains an overriding priority.

Any person visiting this facility to attend to their horse is required to enter/exit the facility by the designated door. Everyone is required to check in (clip board on table) and to sign the following Declaration regarding their health prior to attending to their horse.

If anyone feels ill prior to attending the facility, they are required to go through Manitoba Province’s self-screening tool at <https://sharedhealthmb.ca/covid19/screening-tool/>

**BOARDERS:** We note however that you, the Boarder, remain your own horse's support staff. The facility remains responsible for your horse's upkeep as per your Boarder's Agreement and any additional written agreements entered into between this facility and the Boarder. Food, housing and turnout is not enough to keep your horse(s) healthy as they also require exercise and your attention to stay fit and sound. This facility will maintain a controlled schedule for arena use so that each Boarder will have opportunities each week to ride/exercise their horse.

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| Everyone is expected to observe sensible social distancing and handwashing practices. **Self-Declaration**

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| 1 | I understand the risks of coming into contact with other people during the COVID-19 global pandemic. I understand that I could become infected with COVID-19 while at this facility, and I agree to waive all liability this facility and agree to waive all liability and to indemnify this facility for damages that may be incurred by this facility as a result of any mis-statement in this self-declaration. | ☐ Yes ☐ No |
| 2 | 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 15 days?  | ☐ Yes ☐ No |
| 3 | Have you or anyone in your household experienced any cold or flu-like symptoms in the last 15 days, including, but not limited to fever, cough, sore throat, respiratory illness, shortness of breath or difficulty breathing? | ☐ Yes ☐ No |
| 4 | Have you or anyone in your household returned from any destination outside of Canada or travelled in an airplane from any destination within the last 15 days? | ☐ Yes ☐ No |
| 5 | I understand that should circumstances arise I have a duty to this facility to refrain from entering the premise until a period of 15 days has passed. Upon re-entry I am required to complete a further self declaration. | ☐ Yes ☐ No |

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Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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