

Michigan Quarter Horse Association  
Health Acknowledgement and Liability Waiver

I, \_\_\_\_\_ am aware of the potential spread of COVID-19 that could result in severe illness and potential death. My presence at this event proves I voluntarily accept this risk and accept sole responsibility for any injury to myself, and my immediate family (including, but not limited to, illness, damage, loss, claim, liability, or expense of any kind) that may be experienced or incurred in connection with attendance at this equine event.

I understand that the risk of becoming exposed to or infected by COVID-19 at an equine event may result from actions, omissions, or negligence of myself and others, including, but not limited to, Michigan Quarter Horse Association, show staff, employees, volunteers, participants, attendees and their families. I hereby release, covenant not to sue, discharge, and hold MQHA, its agents, officers, directors, employees, volunteers, attendees or other participants from any claim.

**SOCIAL DISTANCING**

- I will, to the best of my ability, practice proper social distancing as recommended by the State of Michigan, Stay Home, Stay Safe directives, as well as practice good hygiene (hand washing, use of hand sanitizer, wearing of a mask if and when required, etc) and follow other health recommendations.
- I will not ride in groups closer than six feet and will practice social distancing in all areas, including warm up arena, holding areas, stabling and camping areas.

**HEALTH REPORTING**

- No one in my immediate family has experienced new or worsening symptoms of possible COVID-19 in the last 14 days, including cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, diarrhea, feeling feverish or a temperature greater than 100 degrees.
- No one in my immediate family has had close contact with a person symptomatic or confirmed to have COVID-19 in the last 14 days.
- I have not been diagnosed with COVID-19 within the last 14 days. If I have been infected by COVID-19 at any time, I have been medically released to return to normal activities.
- If anyone in my immediate family develop a fever and symptoms, such as a cough or difficulty breathing, or if I am diagnosed with COVID-19 within 14 days of this event, I will report this information to the Michigan Quarter Horse Association.
- Should symptoms develop during the event, I will report symptoms to the Michigan Quarter Horse Association Show Management and immediately leave the event.

Family Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

