

**CCA 2021 COVID-19 Self-Declaration/Contact Tracing Form**

***If you will be at the Laramie County Fairgrounds or Rancho Terra Norte for any of the CCA Events or Activities during the Collie Club of America's Event Week, April 16 through April 25, 2021, in any capacity, you must complete this waiver prior to admittance and bring it with you to gain entry. Upon our receipt of your signed waiver, you will receive your entry wristband that you must wear each day that you are on the show grounds.***

***THERE ARE NO EXCLUSIONS OR EXCEPTIONS. If you attempt to enter any facility without a wristband you will be required to return to the main check in area and fill out and sign a declaration form to receive a wristband.***

I attest to the following:

1. Within the last 14 days, I have not experienced any of the symptoms related to COVID-19 nor have I taken medication to reduce fever during that time.

Common symptoms include fever, cough, runny nose, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, sore throat, nausea or vomiting, diarrhea and/or loss of sense of smell or taste. These symptoms do not include those attributed to another health condition that you normally experience. Review the list of COVID-19 symptoms here: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

I affirm: \_\_\_\_\_ Initials

2. Within the last 14 days, I have not tested positive for COVID-19.

I affirm: \_\_\_\_\_ Initials

3. Within the last 14 days, I have not been in close contact (being within six feet of an infected individual for at least 10 minutes) with an individual who has tested positive for COVID-19.

I affirm: \_\_\_\_\_ Initials

4. Within the last 14 days, neither I nor anyone with whom I have been in close contact (being within six feet of an infected individual for at least 10 minutes) are waiting for results of a COVID-19 test.

I affirm: \_\_\_\_\_ Initials

5. Within the last 14 days, I have not cared for someone showing symptoms of COVID-19.

I affirm: \_\_\_\_\_ Initials

6. I am not under any self-quarantine orders.

I affirm: \_\_\_\_\_ Initials

7. I have read the face mask policy and understand that I will be required to **wear a mask at all times while on the event grounds.**

I affirm: \_\_\_\_\_ Initials

8. I agree to fully comply with: (i) any health and safety protocols and mitigation measures implemented by the CCA, Laramie County Fairgrounds, and Rancho Terra Norte, (ii) all local, state, and federal requirements, each, (i) - (ii) as amended from time to time (collectively, the "COVID-19 Protocols") while on any of the event grounds.

I affirm: \_\_\_\_\_ Initials

9. I agree that if my health should change, or if I test positive for COVID-19, or if I am exposed to someone who has tested positive for COVID-19 while I am attending the CCA events at the Laramie County Fairgrounds or Rancho Terra Norte, I will immediately leave the event and facility and seek medical guidance. I will notify the show committee as to why I am leaving.

I affirm: \_\_\_\_\_ Initials

10. I agree that if I test positive for COVID-19 within 14 days of attending the CCA events at Laramie County Fairgrounds or Rancho Terra Norte, I agree to notify the show committee promptly.

I affirm: \_\_\_\_\_ Initials

**If you cannot affirm any one of these statements, DO NOT come onto the Event Grounds.**

**All questions should be directed to [covid@colleclubofamericanational.com](mailto:covid@colleclubofamericanational.com)**

PRINT Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Events Entered: \_\_\_\_\_

Attending in the capacity of: \_\_\_\_\_

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

**FOR USE BY PARENT OR GUARDIAN OF MINOR: I represent that I am a parent (or guardian) of the minor who has signed this COVID-19 Self-Declaration, or for whom I have responded for. I have read the minor's responses to this COVID-19 Self-Declaration and hereby affirm that all answers are accurate.**

PRINT Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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