

Dallas Market Hall ("DMH") Your COVID19 Self Declaration

If you will be at the Dallas Market Hall ("DMH") for any of the Lone Star State Classic ("LSSC") Dog Shows, December 2 - 6, 2020, in any capacity, you must complete this Self-Declaration prior to admittance and bring it with you to gain entry and obtain your entry wristband that you MUST wear each day and show upon entering the facility.

THIS INCLUDES EXHIBITORS, OWNERS, HANDLERS, BREEDERS, ASSISTANTS, FAMILY, GUESTS, SUPERINTENDENTS, JUDGES, STEWARDS, VENDORS, ANY PROVIDERS OF SERVICES AND THEIR STAFF AND VOLUNTEERS. THERE ARE NO EXCLUSIONS OR EXCEPTIONS.

I attest to the following:

I affirm:

1. Within the last 14 days, I have not experienced any of the symptoms related to COVID19 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 COVID19 symptoms here: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

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2. Within the last 14 days, I have not tested positive for COVID19.

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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 COVID19.

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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.

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5. Within the last 14 days, I have not cared for someone showing symptoms of COVID19.

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

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7. I have read the LSSC Face Mask Policy at the DMH and understand that I will be required to wear a mask at all times while on the event grounds.

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8. I agree to fully comply with any health and safety protocols and mitigation measures implemented by the DMH and/or LSSC while on the event grounds.

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9. I agree that if my health should change while attending the LSSC events at the Dallas Market Hall, I will immediately leave the event and facility and seek medical guidance.

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10. I agree that if I test positive for COVID19 or am exposed to someone who has tested positive for COVID19, I will notify the LSSC promptly and will not reenter the Dallas Market Hall.

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If you cannot affirm any of these of these statements, DO NOT come on to Event Grounds.

Name: _____ Email: _____

Cell Phone #: _____

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 COVID19 Self-Declaration. I have read the minor's responses to this COVID19 Self-Declaration and hereby affirm that all answers are accurate.

Sign Name: _____ Date: _____

Print Name: _____ Email: _____