

Orange County Convention Center ("OCCC")Your COVID-19 Self-Declaration

If you will be at the Orange County Convention Center ("OCCC") for any of the AKC Events or Activities during AKC's Event Week, December 6 through 14, 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 wrist band that you MUST wear each day and show on entering the facility.

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

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 [AKC Face Mask Policy](#) at the OCCC 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 OCCC and/or AKC; and (ii) all local, state and federal requirements, each of (i) - (ii) as amended from time to time (collectively, the "AKC COVID-19 Attendee Protocols") while on the event grounds.

I affirm: _____ Initials

9. I agree that if my health should change while attending the AKC events at the Orange County Convention Center, I will immediately leave the event and facility and seek medical guidance.

I affirm: _____ Initials

10. I agree that if I test positive for COVID-19 or am exposed to someone who has tested positive for COVID-19, I will notify the AKC promptly and will not reenter the Orange County Convention Center.

I affirm: _____ Initials

If you cannot affirm any of these of these statements, DO NOT come on to Event Grounds. All questions should be directed to covidquestions@akc.org.

Name: _____

Cell Phone #: _____

Entry # if applicable: _____

Events Entered: _____

Events Entered: _____

Breed if applicable: _____

Attending in the capacity of: _____

Signature: _____
Electronic signatures not allowed

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. I have read the minor's responses to this COVID-19 Self-Declaration and hereby affirm that all answers are accurate.

Sign Name: _____ Date: _____
Electronic signatures not allowed

Print Name: _____

E-mail: _____

Cell Phone #: _____