

## **Your COVID-19 Self-Declaration**

***If you will be at the Roberts Centre its premises, facilities, grounds, adjacent land and any other structure located at 123 Gano Road, Wilmington, OH 45177 (herein, the "RC") for any of the AKC Events or Activities during AKC Rally® & Obedience National Championship Week, July 6-11, 2021, 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 JUDGES, EXHIBITORS, EVENT STAFF, MEDIA PRODUCTION STAFF, HANDLERS, HANDLER'S ASSISTANTS, OWNERS, OF ENTERED DOGS, VOLUNTEERS, VENDORS, ANY PROVIDERS OF SERVICES AND THEIR STAFF. 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](#) 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 Roberts Centre/Royal Canin Ring 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 Roberts Centre/Royal Canin Ring, 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 Roberts Centre/Royal Canin Ring.

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

If you cannot affirm any of these of these statements, DO NOT come on to Event Grounds; this includes the hotels and RV Parking lot. All questions should be directed to [RNC@akc.org](mailto:RNC@akc.org) or [AKC-NOC@akc.org](mailto:AKC-NOC@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 #: \_\_\_\_\_