

2020 Indiana State Holstein Shows & Summer Jersey Shows

This form must be signed to be on the grounds at the Whitley County Fairgrounds in Columbia City, IN for the the Indiana State Holstein Shows and Summer Jersey Shows.

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), the Indiana Holstein Association is taking extra precautions to keep our exhibitors and visitors safe.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Cough
- Difficulty Breathing

I understand the above symptoms and affirm that I, as well as all members of the household I currently reside in, do not currently have, nor have experienced the symptoms listed above WITHIN THE LAST 14 DAYS.

\_\_\_\_ I affirm that I, as well as all household members I currently reside with, have not been diagnosed with COVID-19 WITHIN THE PAST 30 DAYS.

\_\_\_\_ I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 WITHIN THE PAST 30 DAYS.

\_\_\_\_ I affirm that I, as well as all household members, have not traveled outside of the country, or to any city considered to be a "hot spot" for COVID -19 infections WITHIN THE PAST 30 DAYS.

\_\_\_\_ I understand that the Indiana Holstein Association, Inc. (officers, directors, members, employees, etc.) and the Whitley County Fairgrounds (4-H Clubs and members, extension, fairboard members, employees, etc.) cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form by others.

By signing below, I attest to the above and will not hold the Indiana Holstein Association, Inc. (including its officers, directors, members, employees, etc.) and the Whitley County Fairgrounds (including the 4-H Clubs and members, extension, fairboard members, employees, etc.) liable for any exposure to the coronavirus/COVID-19. I and my family listed below are here of our own free will and are aware of the risk.

Please print the following information:

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

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

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

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

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

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

Children Under the Age of 18, Covered by this form

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