

Your COVID-19 Self-Declaration

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 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 # / Breed (if applicable) _____
Events Entered _____
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. I have read the minor's responses to this COVID-19 Self-Declaration and hereby affirm that all answers are accurate.

Sign Name: _____ **Date:** _____

Print Name: _____

E-mail: _____ **Cell Phone #:** _____