

MEADOWLARK CLASSIC
September 5th, 2020 - ENTRY FORM

Rider Information:

Name: _____
 Address: _____
 City: _____ Prov: _____
 Email: _____
 AEF #: _____

Horse Information:

Name: _____
 Trainer Information:
 Name: _____
 Stable: _____
 Email: _____
 Trainer Contact: _____

Waiver

I hereby certify that Meadowlark Stables, nor the owners, management, tournament committee, nor any of its staff or agents shall in any way be liable for any accident, injury, damage, loss or for any other matter that may happen from any cause or circumstance whatsoever, to exhibitors, competitors, owners, or members of their families, or their agents or to anyone on the grounds, or to any animal or article exhibited or to any property brought on the grounds or for any other loss, claim, matter, circumstances or event whatever, in connection with or arising out of, or attributable to, the tournament or any journey to or from the tournament. It is understood and agreed that you indemnify and save harmless Meadowlark Stables, its owners, management, tournament committee, any of its staff or agents from and against any and all liability arising out of such loss, damages, claims or costs.

Signature of Owner/ Agent: _____

Date: _____

Signature of Rider: _____

Date: _____

If rider is under the age of 18 years, this form must be signed by a parent or legal guardian

Hunter Classes	Class# (Please Circle)			Fee Per Class	Divison Fee (select all)	Total
X- Rail / Trot Poles	1	2	3	\$18.00	\$50.00	
2'0 Hunter	4	5	6	\$18.00	\$50.00	
2'3 Hunter	7	8	9	\$18.00	\$50.00	
2'6 Hunter	10	11	12	\$18.00	\$50.00	
2'9 Hunter	13	14	15	\$18.00	\$50.00	
3'0 Hunter	16	17	18	\$18.00	\$50.00	

Schooling Class	Class #	Fee Per Class	Total
X- Rail / Trot Poles	40	\$15.00	
2'0 Hunter	41	\$15.00	
2'3 Hunter	42	\$15.00	
2'6 Hunter	43	\$15.00	
2'9 Hunter	44	\$15.00	
3'0 Hunter	45	\$15.00	

Jumper Classes	Class# (Please Circle)			Fee Per Class	Divison Fee (select all)	Total
0.65 Jumper	400	410	420	\$18.00	\$50.00	
0.75 Jumper	401	411	421	\$18.00	\$50.00	
0.85 Jumper	402	412	422	\$18.00	\$50.00	
0.90 Jumper	403	413	423	\$18.00	\$50.00	

1. Entry forms and Payment by email transfer to Meadowlarkshow@gmail.com (password – Meadowlark),
2. COVID Contact Tracing

Guest attending with Rider and Trainer

Name: _____
 Email: _____
 Phone #: _____

Entry fees must be received by August 31st or will be subject to late fee and to space availability, sorry only ETRANSFERS will be accepted

For any questions, please contact Ginette Wallace at 403-836-5794 or Barb Easthom at 403-801-4111 or email Meadowlarkshow@gmail.com.

Entry Total		
Office / Paramedic Fee	\$40.00	\$40.00
Late Fee	\$25.00	
	Subtotal	
	GST	
	Total	

Office Use Only:

Horse Number Assigned: _____

Chq#: _____

Rec'd Date: _____

Daily Fit for Work or Visitor Screening Questionnaire

We require you to fill out the below questionnaire to assist in determining your fitness to work or visitation during the COVID-19 pandemic to provide a safe environment for staff, physicians, contractors, patients and families.

The information in this questionnaire is collected under the authority of FOIP section 33 (c) and will be used and disclosed solely for the purposes of determining fitness for work or visitation during the COVID-19 pandemic.

You must follow hand hygiene protocols and remember to clean your keys, phone, computers and other personal items.

The questionnaire only relates to **new** symptoms or a **worsening** of symptoms related to allergies, chronic or pre-existing conditions. Those with symptoms related to pre-existing conditions or allergies can still go to work or visit.

Printed Name: _____ Signature: _____ Date: _____

Risk Assessment: Screening Questions

1.	Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions: fever, cough, shortness of breath, difficulty breathing, sore throat, and/or runny nose?	Yes	No
2.	Have you returned to Canada from outside the country (including USA) in the past 14 days?	Yes	No
In the past 14 days, at work or elsewhere, while not wearing appropriate personal protective equipment:			
3.	Did you have close contact* with a person who has a probable** or confirmed case of COVID-19?	Yes	No
4.	Did you have close contact* with a person who had an acute respiratory illness that started within 14 days of their close contact* to someone with a probable** or confirmed case of COVID-19?	Yes	No
5.	Did you have close contact* with a person who had an acute respiratory illness who returned from travel outside of Canada in the 14 days before they became sick?	Yes	No
6.	Did you have a laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19?	Yes	No

If you answer “YES” to any of the above, you are not permitted to attend work or visit at this time and you must self-isolate. Complete the [Self-Assessment Tool](#) at ahs.ca/covid to determine your need for COVID-19 testing. Healthcare workers, please inform **ALL** managers/leads you report to.

If you answer “NO” to all of the above, you can proceed to work or with your visit. If you develop any of the above symptoms, please complete a new questionnaire. **Note:** If you have any other symptoms which are new or a change from your usual symptoms, then you should stay home and minimize contact with others until you are feeling better. Complete the [Self-Assessment Tool](#) to determine your need for COVID-19 testing.

*Close contact includes providing care, living with or otherwise having close prolonged contact (within 2 meters) while the person was ill, or contact with infectious bodily fluids (e.g. from a cough or sneeze) while not wearing recommended [personal protective equipment](#).

**Probable case is a person with clinical illness who had close contact to a lab-confirmed COVID-19 case, while not wearing appropriate [personal protective equipment](#), OR a person with clinical illness who meets the COVID-19 exposure criteria, AND in whom laboratory diagnosis of COVID-19 is inconclusive. *Clinical illness* of a probable case is new onset/exacerbation of following symptoms: fever (over 38 degrees Celsius), cough, shortness of breath (SOB)/difficulty breathing, sore throat or runny nose. *Exposure criteria* for a probable case is a person who, in the 14 days before onset of illness: had any history of travel outside of Canada; OR had close contact with a confirmed or probable case of COVID-19; OR is a close contact of a traveler with acute respiratory illness who returned from outside Canada in the previous 14 days; OR had a laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19.

This screening questionnaire must be kept at the site for 14 days at which time it can be destroyed in a confidential manner.

Please note there is a separate [questionnaire](#) for staff and visitors of continuing care facilities.

An online questionnaire tool for staff and physicians is available - visit ahs.ca/fitforwork.