## **TECF Health Pre-Screening and Waiver of Liability**

The Evergreen Cat Fanciers is committed to the well-being of our exhibitors. Due to the COVID-19 pandemic, we have implemented additional standards in an attempt to stop the spread of the virus and follow or exceed sanitation/ disinfection guidelines issued by the Center for Disease Control (CDC).

Please complete this form prior to entry in the show hall for your visit to our October 10-11, 2020 show. By completing this form, you acknowledge and agree to the following:

Name:				· · · · · · · · · · · · · · · · · · ·
City/State/Province:		Zip/Postal Code:		
Cell Phone:		Home Phone:		
Personal Email:		Work Email:		
I UNDERSTAND THAT THE CDC enced any of the following sympton			GOF COVID-19. Have yo	ou experi-
Fever		Muscle or body	aches	
Chills, some	times with shaking	Headache		
Coughing		New loss of tast	te or smell	
Shortness o breathing	f breath or difficulty		e (per WebMD.com cases have this)	
Congestion	or runny nose	Nausea or vomi	iting	
Fatigue		Diarrhea		
Sore throat				
<ul> <li>We have not been diagnosed v</li> <li>We have not traveled outside of past 14 days.</li> </ul> I ALSO ACKNOWLEDGE THE FOIL	f the country or to/from an	•	·19 'hot spots' within the	
<ul> <li>* A person can unintentionally sp</li> <li>* Masks are meant to reduce the</li> <li>* I understand and acknowledge cannot completely control the s</li> <li>* I have chosen to enter this shown knowledge of the risk of contract</li> <li>* I have been provided the Healt</li> </ul>	possibility of spreading th that The Evergreen Cat F pread of COVID-19. w hall at my own risk and o cting COVID=19 when con	e virus. Masks must be anciers, its members, of consent to receive judgir	sick or have symptoms. worn at all times in the s ficers, friends and show ng of my cat(s) with the ficing is not possible.	workers,
I attest that the above information is am diagnosed with COVID-19 within				tionally, if I
By signing below, I agree to not hol and Kelly's O'Deli (the food caterer				Center,
Signature:	· • • • •	Date:	•	
(This section to be filled out by TEC	CF staff member during ch	eck-in at the Ferndale E	vents Center)	
Temperature reading (at show	w hall):	Гаken by: [	Date/Time:	