

Rider Name: _____

Date: _____

Medical Prescreen for Triple R Ranch

Have you and/or a member of your household been around anyone within the past two weeks who was diagnosed with COVID-19?

- Yes
- No

Have you and/or a member of your household been around anyone in the past two weeks displayed at least two of the following symptoms:

- Fever (100.4°F)
- Coughing
- Shortness of breath
- None of the above

In the past two weeks, have you and/or a member of your household shown any of the follow symptoms?

- Fever (100.4°F)
- Cough
- Shortness of breath
- Fatigue
- Diarrhea
- Vomiting
- Headache
- Myalgia
- Low appetite
- Nasal congestion/rhinorrhea
- Sore throat
- None of the above

Are you traveling to Triple R Ranch from an area with a high concentration of confirmed COVID-19 cases?

- Yes
- No

LIABILITY RELEASE – In consideration of Triple R Ranch allowing my participation in the summer camp program under the terms set forth herein, I do agree to hold harmless and release Triple R Ranch, its owners, agents, employees, officers, premises owners, insurers, and affiliated organizations from legal liability for injury or losses of any economic and non-economic losses due to bodily injury, illness, death, property damage, sustained by me in relation to the premises and operations of Triple R Ranch.

Signature: _____

Print Name: _____

Please turn into the office at Triple R Ranch no less than one week (7 days) before your scheduled session of camp.
This form must be completed to be admitted to Triple R Ranch.