



## **Acknowledgement of FLGR COVID-19 Policies for Backside Training and Live Racing Period.**

I, \_\_\_\_\_, hereby acknowledge and agree that I have read and understand the FLGR COVID-19 Policies for the Backside Training Period and for the Live Racing Period and the health and safety requirements to minimize the risk of exposure to infectious disease, including COVID-19, in the workplace in accordance with CDC guidelines. I have read and agree to abide by the COVID-19 health and safety policies and social distancing protocol.

I understand and agree that I **will not** come to the property and **will** stay home if I:

- Am diagnosed with COVID-19.
- Have had symptoms of COVID-19 identified by the CDC, which include cough or shortness of breath, fever, chills, repeated shaking with chills, muscle pain, headache, vomiting, sore throat, or new loss of taste or smell in the last 14 days.
- Have had close personal contact (6 feet or less for 10 minutes or more) with someone with a confirmed or suspected case of COVID-19.

I understand that I will be screened on a daily basis for such symptoms and risk factors.

When on property, I acknowledge that it is FLGR policy and I agree to do the following

- Wear a mask or other appropriate face covering that covers both the mouth and nose at all times if they are in a confined or building area or if they are within six feet of another person.
- Maintain an appropriate social distance of 6 feet apart from everyone.
- Wash my hands often with soap and water. Use hand sanitizer with at least 60% alcohol if soap and water are not available.
- Perform proper sanitation procedures in the area under my control.
- Avoid touching my face. Sneeze or cough into a tissue or the inside of my elbow.

I understand that COVID-19 is a highly infectious and potentially deadly disease that can be transmitted from person to person. I understand that following COVID-19 Policies for Backside Training Period and for the Live Racing Period, and the CDC and New York State guidance while I'm on property will help stop the spread of the disease.

Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_

(v. 2-28-2021)

<sup>1</sup> For more information from the CDC regarding Covid-19 symptoms, see the CDC's website at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>