

## 2020 Colorado State Fair Guest Pledge

The Colorado State Fair Authority and its Board of Commissioners welcome you to the 2020 Colorado State Fair.

To help protect you, other exhibitors and competitors, our employees, and the overall community, we ask you to take a pledge to health, our Colorado State Fair Guest Safety Pledge.

Please confirm your agreement to abide by state and local orders and guidance by initialing next to each box below:

\_\_\_\_ I will stay off-grounds and quarantine should I become ill at any point before, during, or after my competition.

\_\_\_\_ I will wear a mask and cover my face while on the Authority's grounds and within any public space, except when in my stall, when socially distanced outdoors at no less than six feet, when eating, when on horseback, and when socially distanced in the show ring.

\_\_\_\_ I will maintain a social distance of six feet from anyone not within my immediate family.

\_\_\_\_ I will wash my hands often and make frequent use of on-grounds hand-washing stations and sanitizer dispensers.

\_\_\_\_ I will practice good hygiene to include using and disposing of tissues to cover my coughs and sneezes; coughing and sneezing into the bend of my arm; and frequent hand-washing.

\_\_\_\_ I will report any suspected cases of COVID-19 to a member of the Authority's management and seek appropriate medical attention or testing, if recommended by a physician.

\_\_\_\_ I will adhere to all posted signs and staff instruction regarding COVID-19 safety guidelines.

\_\_\_\_ I understand that any member of the Authority's management may ask me to leave the premises should I refuse to conform my actions to any published public health orders or guidance, whether those of the Pueblo Department of Public Health & Environment, the Colorado Department of Public Health and Environment, or the US Centers for Disease Control.

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Guest's Printed Name:

Minor Guest's Parent's/Guardian's Printed Name:

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Guest's Signature:

Minor Guest's Parent's/Guardian's Signature:

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\_\_\_\_\_

Date:

Date: