

Are you or any person at your home address shielding, self-isolating or household isolating?

Are you or any person at your home address COVID-19 positive?

Are you or any person at your home address suffering with a persistent cough?

Are you or any person at your home address suffering from a fever or high temperature?

Are you or any person at your home address suffering from a loss of taste or smell?

If you have answered “yes” to any of the above questions you are not permitted into the event.

