



Therapeutic Equestrian Center (TEC)

COVID-19 Liability Waiver

Acknowledgement of Risk and Acceptance of Terms

Participants, Observers/Guests

Policy: All participants/guardians of participants and observers/guests will sign the COVID-19 Acknowledgement of Risk and Acceptance of Terms in order to participate during this COVID-19 pandemic.

I, _____ (Print First & Last Name), am aware of the risk of contracting COVID-19 as a participant or observer/guest, while onsite for activities for TEC at this time of the pandemic outbreak.

I am also aware that face to face services increase my risk of contracting and passing on the COVID-19 and agree to hold harmless the Therapeutic Equestrian Center, it's employees and all other individuals I may come in contact with during this interaction.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by the CDC, Path International, and the Van Buren Cass Health Department, Therapeutic Equestrian Center and my individual provider/practitioner. This includes, but is not limited to, washing my hands prior to and after each lesson and the use of hand sanitizer upon request.

I agree to use a mask that covers my nose and mouth at all times when I am unable to consistently maintain 6 feet social distancing. (People who are unable to comply will be asked to wait to participate in onsite activities until after federal and state guidelines are lifted)

I agree to notify the Volunteer Coordinator should I, within the previous 24 hours to 2 weeks personally exhibit or have been in contact with someone who has presented with illness as outlined in the Wellness Policy: cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. It may be necessary for me to consult my medical provider regarding the risk of my participation in onsite activities at TEC. I will follow the recommendations of my medical provider.

I am signing under my own free will. I have read the TEC Wellness Policy and I agree to follow the guidelines set forth by TEC and hold harmless all individuals associated with or through my participating at TEC.

Print Participant Name: _____ Date: _____

Signature: _____

Print Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Print Observer/Guest: _____ Date: _____

Observer/Guest Signature: _____

Witness Signature: _____ Date _____