



Therapeutic Equestrian Center (TEC)

COVID-19 Liability Waiver

Acknowledgement of Risk and Acceptance of Terms

Employees and Volunteers

Policy: All employees and volunteers 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 risks of contracting COVID-19 while volunteering or working on-site for TEC during the COVID-19 pandemic outbreak.

I am also aware that face to face interactions increase my risk of contracting and passing on COVID-19 and agree to hold harmless the Therapeutic Equestrian Center, it's Board members, 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, TEC and my individual provider/practitioner. This includes, but is not limited to, washing my hands/use of hand sanitizer prior to and after onsite barn activities; and the use of hand sanitizer upon request. I may be asked to assist in wiping down surfaces with disinfectant.

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 volunteer for 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: coughing, 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. As a volunteer or employee I realize that I will be following new cleanliness and disinfecting procedures outlined in the Volunteer or Employee Handbook.

I am signing under my own free will, have read the TEC Wellness Policy and agree to follow the guidelines and hold harmless all individuals associated with or through my volunteering or employment at The Therapeutic Equestrian Center.

Employee/Volunteer Name: _____ Date: _____

Signature: _____

Parent/Guardian, if a minor, Name: _____ Date: _____

Parent/Guardian Signature: _____

Witness Signature: _____ Date: _____