



Covid-19 Acknowledgement of Risk and Acceptance of Services

I, _____ (Client/Volunteer Name), am aware of the risks of contracting Covid-19 while receiving face to face services from Trinity Therapeutic Riding Center Program (TTRC).

- I am aware that face to face services increase my risk of contracting and passing on the Covid-19
- I agree to hold harmless TTRC, it's employees, and all other individuals I come in contact with during this interaction and receiving of services.
- I have read, agree to, and will follow all guidelines and mandatory protocols for personal hygiene, personal safety, and public safety as recommended by TTRC and my individual provider/practitioner. These mandatory protocols are as follows:
 - Masks are required (where tolerated) for all riders and need to be over the mouth and nose when the rider is within 6 feet of another, staff member, or volunteer, and when directed by a staff member.
 - Hands must be washed at the front entrance for at least 20 seconds before entering the grounds.
 - All posted directions and staff instruction must be followed regarding cleaning and sanitizing of brushes, tack, and equipment.
 - Clients are to remain on-site for the duration of their lesson time only.
 - Parents, guests, and observers must remain 6 feet away of other families.
 - Riders will utilize personal helmets or make arrangements with staff to reserve a program helmet.
 - Nobody is to enter the TTRC office, or resources room unless asked to do so by TTRC staff.
- I agree to cancel my lesson should I exhibit or have been in contact with someone who has presented with illness including: cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease, within the previous 24 hours to 2 weeks. In addition, I will follow the recommendations of my provider once I have notified them of these risks regarding my future lessons during the pandemic.

TTRC will engage in regular cleaning and sanitizing of horse tack, grooming supplies, office, doors and frequently touched areas in-between clients and on a daily basis a recommended by the CDC for the safety of clients, employees, volunteers, and horses.

I am signing under my own free will and choice and agree to follow these and hold harmless all individuals associated with or through my services acquired from Therapeutic Riding Center Program (TTRC) Program.

Client/Volunteer Name: (Print) _____ Date: _____

Client/Volunteer Signature: _____

Parent/Guardian Name: (Print) _____ Date: _____

Parent/Guardian Signature: _____