



2021 Covid 19 Volunteer Waiver

Date: _____

Volunteer Name: _____ Birthdate (if Volunteer is a minor): _____

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that Mounted Angels has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that Mounted Angels cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, other Mounted Angels Volunteers, riders and their families.

I voluntarily assist with providing therapeutic riding as a Mounted Angels Volunteer and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures listed in the volunteer handbook to reduce the spread while volunteering.

I attest that if I cannot agree with the following, I will not participate in the riding lesson:

- I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- I have not traveled internationally within the last 14 days.
- I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Mounted Angels harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the riding center, or that may otherwise arise in any way in connection with any services received from Mounted Angels. I understand that this release discharges Mounted Angels from any liability or claim that I, my heirs, or any personal representatives may have against the therapeutic riding center with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Mounted Angels. This liability waiver and release extends to the therapeutic riding center together with all board members, partners, and volunteers.

Signature: _____ Date: _____

Volunteer signed on own behalf or as Parent/Legal Guardian in the presence of Mounted Angels staff

Printed name of Parent/Legal Guardian (if applicable)

_____ Initial here if you agree to follow the Mounted Angels COVID-19 Policies at all times during the Mounted Angels 2021 Season.