



2021 Covid19 Rider Waiver

Date: _____

Rider Name: _____

Parent or Guardian: _____

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, Mounted Angels Volunteers, and other riders and their families.

I voluntarily seek services provided by Mounted Angels 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 to reduce the spread while attending my appointment.

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

- My child is 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.
- My child has not traveled internationally within the last 14 days.
- My child has not traveled to a highly impacted area within the United States of America in the last 14 days.
- I do not believe my child have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- My child has 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 child's 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: _____

Client, parent or legal guardian, signed in the presence of Mounted Angels staff