



Risk/Benefit Assessment of equine assisted activities and therapies and volunteering specifically for:

(Participant Name)

Liability for Riders and Volunteers:

1. Possibility of contracting COVID-19 despite infection control measures taken by Winslow Therapeutic Riding Center.
2. Potential to fall from horse despite safety measures and equine training taken by Winslow Therapeutic Riding Center. I acknowledge the risks of working with horses, and horseback riding. This includes volunteering. However, I feel that the possible benefits to myself are greater than the risks assumed. I hereby (for myself, my heirs and assigns, executors, or administrators) waive and release forever all claims for damages against Winslow Therapeutic Riding Unlimited, Inc., Winslow Therapeutic Center, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or employees, for any and all injuries and losses I may sustain while participating in Winslow programs or events.

Risk Potential – initial by each statement if you feel participant meets its description

_____ is at higher risk due to having an underlying medical condition, as deemed by the CDC.

_____ is at higher risk because he/she struggles to maintain social distancing.

_____ is at higher risk because he/she is unable to comply with wearing a mask.

_____ is at higher risk because he/she touches his/her face/mouth frequently, drools, etc.

Benefits to Rider

1. Provides general exercise and gentle cardio workout.
2. Provides sensory stimulation in a rhythmic way which modulates the sensory system that helps to calm the overactive areas and stimulate the underactive areas.
3. Requires rider to maintain midline and balance in response to each unique step of the horse, with added balance challenges provided by games and/or riding skill challenges.
4. Works on social interaction, engagement and command following.
5. Provides rider with a place to be themselves in a fun and safe atmosphere.
6. Provides an activity that can be customized based on abilities on that day.
7. During COVID-19 pandemic, riders has fewer opportunities for social interaction, exercise, and cognitive challenge.

I have read and agree to the new procedures and policies set forth by Winslow in the Winslow TRC COVID-19

Infection Control Plan. Initial: _____

Rider's current weight: _____ lbs. **Rider can wear a face mask:** Yes _____ No _____

After assessing the risk/benefit specifically for _____ and considering the attached infection control policies, Winslow Therapeutic Riding Center staff and parent/guardian both agree that the benefits outweighs the risk and that equine assisted activities and therapies are appropriate at this time.

Parent/Guardian/Participant/Volunteer Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Manager Signature: _____ Date: _____