



Acknowledgement and Liability Release of Winslow Therapeutic Riding Center COVID-19 Infection Control Plan for all Facility Activities

Full Name: _____ **Role at WTRC:** Lesson Participant Volunteer Visitor
 (If filling out for someone else, write their name in)

This acknowledgement and liability release holds Winslow Therapeutic Riding Center harmless in the case of transmission or exposure of COVID-19 and any other transmittable diseases. 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, 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 Therapeutic Riding Center's programs or events.

Risk Potential – initial by each statement if you feel the individual names above, meets its description.

- You or individual is at higher risk due to having an underlying medical condition, as deemed by the CDC.
- You or individual is at higher risk because he/she struggles to maintain social distancing.
- You or individual is at higher risk because he/she is unable to comply with wearing a mask.
- You or individual is at higher risk because he/she touches his/her face/mouth frequently, drools, etc.

I have been provided with a copy of the Winslow Therapeutic Riding Center COVID-19 Infection Control Plan, have read and agree to follow the new procedures and policies set forth by WTRC in sections:

Initial each section agreed to: Section A Section B Section C Section D

Can the individual named above wear a face mask at all times: Yes No **Lesson Participant's current weight:** lbs.

After assessing the risk/benefit specifically for the individual named above and considering the attached infection control policies, Winslow Therapeutic Riding Center staff and the individual named above or their parent/legal guardian both agree that the benefits outweigh the risk and that equine-assisted activities and therapies are appropriate at this time.

Self/Parent/Legal Guardian Signature: _____ Date: _____
 Instructor Signature: _____ Date: _____
 Manager Signature: _____ Date: _____