



Hope on Horseback
7280 Sterrettania Road
Fairview, PA 16415

COVID-19 Acknowledgement of Risk

I, _____, (Participant Name), am aware that there could be a risk of contracting Covid-19 while taking part in classes at Hope on Horseback Therapeutic Riding Center.

I am aware that by taking part in a group activity, I increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless Hope on Horseback and it's staff and all other individuals I may come in contact with during my time at Trinity Equestrian Center.

I agree to and will follow all guidelines for personal hygiene, personal and public safety as recommended by Hope on Horseback. This may include, but is not limited to, waiting in my vehicle until I am asked to enter the arena for class; using hand sanitizer upon request; and wearing a protective medical mask and/or gloves.

I agree to call and cancel my attendance in class should I have within the previous 24 hours to 2 weeks personally exhibited 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.

Hope on Horseback will engage in regular cleaning and sanitizing of horse tack, grooming supplies and office, doors, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC for the safety of clients, staff, 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 my participation in classes at Hope on Horseback.

Client/Volunteer Name: _____ Date: _____

Client/Volunteer Signature: _____

and/or (including if volunteer is under the age of 18)

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____