



Hope Springs Equestrian Therapy, Inc.

## Covid-19 Acknowledgement of Risk and Acceptance of Services Liability Waiver

I, \_\_\_\_\_ (rider or parent/guardian), am aware of the risks of contracting Covid-19 while receiving face-to-face horsemanship instruction from Hope Springs Equestrian Therapy, Inc. ("Hope Springs") at this time of the Covid-19 pandemic outbreak. I agree to release and hold harmless Hope Springs Equestrian Therapy, Inc. ("Hope Springs") and its owners, officers, directors, employees and agents, and Mr. & Mrs. Roy Sturgeon (land owners), and Peace by Piece Farm, and its employees and agents, and all other individuals I may come in contact with during this interaction of receiving face-to-face horsemanship instruction.

High risk factors exist for severe illness as defined by the CDC. Per the CDC, these risk factors include, but are not limited to the following. Based on what we know, those at high risk for severe illness from Covid-19 are:

- People 65 years and older
- People who live in a nursing home or long-term-care facility

People of all ages with underlying medical conditions, particularly if not well controlled, including but not limited to:

- People with chronic lung disease or moderate to severe asthma
- People who have serious lung conditions
- People who are immunocompromised. Many conditions can cause a person to be immunocompromised, including cancer treatments, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged uses of corticosteroids and other immune weakening medications.
- People with severe obesity (body mass index [BMI] of 40 or higher.
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

I agree that if these conditions are applicable, that I will not participate in face-to-face horsemanship instruction at this time at Hope Springs Equestrian Therapy, Inc. ("Hope Springs") or that I will accept the risk.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by the CDC, Chester County Health Department, and Hope Springs Equestrian Therapy, Inc. ("Hope Springs") as outlined in its *Reopening Plan*.

I agree to cancel my scheduled lesson time 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 or disease. In addition, I will follow the recommendations of my health care provider once I have notified them of these risks as it relates to my future services during this pandemic. Should a Hope Springs representative identify any signs of illness in the student, once present at his or her check in point, Hope Springs reserves the right to cancel the lesson and request that the student leave the property immediately.

I am signing under my own free will and choice and agree to follow these and hold harmless all individuals associated with or through my services acquired from Hope Springs Equestrian Therapy, Inc.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_