

COVID-19/INFECTIOUS DISEASE ACKNOWLEDGEMENT OF RISK AND ACCEPTANCE OF SERVICES

AS OF January 1, 2021 – REQUIRED FOR ALL STAFF, CONTRACTORS, VOLUNTEERS AND CLIENTS.

I, _____, am aware of the risks of contracting or spreading COVID-19 (or an infectious disease while working or volunteering at Spirit Strides, Inc attending an event; and/or receiving face-to-face services from Spirit Strides, Inc at this time.

I am aware that face-to-face services and experiences increase my risk of contracting and passing on the COVID-19 or Coronavirus or another infectious disease and agree to hold harmless Spirit Strides, Inc and its residents, members, officers, managers, agents, employees and all other individuals I may come in contact with during this interaction and receiving of services, providing services, attending an event or volunteering within this organization.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Spirit Strides, Inc; as well as my individual provider/practitioner. This may include, but is not limited to, waiting in my vehicle and/or home until I am asked to enter the building/barn; assisting my participant with mount or dismount, when needed; maintaining social distance; washing my hands prior to and following each session or activity; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and wearing a protective mask or face covering.

I agree to stay home and/or cancel my services should I have personally exhibited or have been in contact with someone who has presented with illness within the previous 24 hours to 2 weeks, including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regards to my future services or attendance during this or other pandemic(s).

Spirit Strides, Inc will engage in regular cleaning and sanitizing of the facility, 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, employees, volunteers and horses.

PARTICIPANTS/FAMILY MEMBERS/GUARDIANS: I understand that if I do not return this form when submitting the rider application and/or the scholarship application (if applicable), then the application or applications will not be processed or eligible for services at Spirit Strides, Inc until ALL forms are received.

I am signing under my own free will and agree to follow these and hold harmless all individuals associated with or through my services acquired from Spirit Strides, Inc.

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT.

*In the event that the undersigned is under the age of 18, the signature of a parent or guardian is required.

SIGNATURE: _____ DATE: _____

IF SIGNING ON BEHALF OF YOUTH UNDER AGE 18, PLEASE PROVIDE NAME(S) OF ALL YOUTH THIS APPLIES FOR:
