



Date: \_\_\_\_\_

I, \_\_\_\_\_, wishing to participate at RideAbility Therapeutic Riding Center, Inc. hereby acknowledge that said organization is doing everything they can to protect the public as well myself and participants.

I agree to follow to the best of our abilities the Center of Disease Control (CDC) and local health district guidelines and RideAbility Therapeutic Riding Center, Inc. policies and procedures for social distancing to reduce the spread of Novel Coronavirus, or COVID-19. This will requires maintaining six (6) feet of distance between the client, fellow volunteers, and patrons of the organization. This procedure will be required to limit exposure. I will assist my family member with mounting and un-mounting to help with distancing.

I agree to utilize surgical masks or improvised masks such as scarves, bandanas, and handkerchiefs to reduce the risk of exposure to myself/rider and others when I am within 6 ft of other volunteers and riders. I agree to wash or sanitize my hands upon arrival to the center (at the wash stall) in accordance with the CDC guidelines. I agree to have my temperature taken upon my arrival.(Electric Forehead thermometer). I will wash my hands after using the restroom, sneezing, and coughing.

I am aware that ALL volunteers will be attending a MANDATORY NEW PROTOCOL SAFETY ORIENTATION.

I am aware that volunteers/instructors will in disinfecting equipment (saddle's reins) after each use.

I have been advised to purchase or borrow a helmet to limit exposure and touching. I understand that there is no direct medical health coverage afforded to me during my relationship with RideAbility Therapeutic Riding Center, Inc.

I on behalf of myself, my personal representatives, heirs, next of kin, spouse and assigns, hereby acknowledge the risks related to Covid 19 a/k/a the Coronavirus. I agree to hold RideAbility Therapeutic Riding Center, Inc. (RTC) harmless from any claim for illness or death arising from the Virus that may be alleged to have been caused directly or indirectly from exposure to the Virus at any facility maintained by RTC or at any function organized by or on behalf of RTC. I agree that RTC shall not be liable for any sickness, disease, or death which may be suffered by myself or any guest or invitee of mine arising from or related to the Virus. I agree that all risks relating to the Virus are to be borne by me. I hereby assume the sole responsibility for and agree to indemnify, defend and save RTC harmless from any and all loss and expenses (including legal and expert witness fees actually incurred) by reason of the liability imposed upon any of RTC due to illness, including death at any time resulting therefrom, sustained to myself, my guests and invitees, on account of the Virus. I expressly warrant and represent to RTC that neither I nor any of my guests or invitees have knowingly contracted nor been exposed to the Virus nor are any of the aforesaid exhibiting any symptoms of the Virus. In the event that I later discover that the aforesaid representation and warranty is false in any manner, I agree to immediately notify RTC and provide as much detailed information as is available., I understand that there is no South Carolina State Labor and Industries employment security insurance provided to me.



By signing below, I agree to comply with the written instructions above.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date