



Date:

I, \_\_\_\_\_, wishing to volunteer my time and services for RideAbility Therapeutic Riding Center, Inc. hereby acknowledge that said organization is doing everything they can to protect the public as well myself as a volunteer. In order to volunteer I have attended the mandatory re-entering orientation to learn the new protocols. To this extent, I agree to follow 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 require me to maintain six (6) feet of distance between myself, fellow volunteers, and patrons of the organization as much as possible. This procedure will be required for visitor-to-visitor contact as well to limit exposure.

I agree to utilize surgical masks or improvised masks such as scarves, bandanas, and handkerchiefs to reduce the risk of exposure to myself 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 washstall and have my temperature taken upon my arrival, I will wash my hands after using the restroom, sneezing, and coughing, and I will properly wear and utilize sterile gloves.

I will assist in disinfecting equipment (saddle's reins, helmets) after each use, while wearing gloves. I will disinfect my gloves following this protocol.

I understand that there is no direct medical health coverage afforded to me during my relationship with RideAbility Therapeutic Riding Center, Inc. RideAbility Therapeutic Riding Center, Inc is not responsible for any potential exposure to Novel Coronavirus, or COVID-19, which is not a direct result of negligence on the part of their employees, volunteers, or the organization. Unless specifically stated in writing, 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. Failure to comply with these written instructions or verbal instructions from staff may result in my volunteer privileges being removed and I may be asked to leave the premises.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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