# Prairie Sky Equine Assisted Therapy Covid-19 Acknowledgement of Risk and Acceptance of Services

I, _______________________________ (Participant Name), am aware of the risks of contracting Covid-19 and any communicable disease , while participating in the Prairie Sky Equine Assisted Therapy program at this time of the pandemic outbreak. I am also aware that face to face services and contact may increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless Prairie Sky Equine Assisted Therapy it's employees , volunteers and all other individuals I may come in contact with during this interaction and receiving of services.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Prairie Sky Equine Assisted Therapy, and directives issued by the office of the (CMOH) Chief Medical Officer of Health. This may include, staying at home if you're feeling ill, washing your hands prior to each session; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective medical mask and/or gloves.

I agree to cancel my services 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. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regards to my future services during this pandemic.

Prairie Sky Equine Assisted Therapy 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 CMOH in order to protect our clients, employees, 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 or through my services acquired from Prairie Sky Equine Assisted Therapy.

Participants Name: __________________________________________Date: ____________________

Participants Signature:_________________________________________________________________

Parent/Guardian Name: ________________________________________Date: ______________

Parent/Guardian Signature: _____________________________________________________________

Witness Signature: ____________________________________________________________________