

COVID-19 HEALTH ACKNOWLEDGEMENT & LIABILITY WAIVER

I, _____, and my parent/guardian _____ are aware of the potential spread of COVID-19 that could result in severe illness and potential death. My presence at JL Performance Horses ("Farm") proves I voluntarily accept this risk by my presence of the 'FARM" and accept sole responsibility for any injury to myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, including, but not limited to, illness, damage, loss, claim, liability, or expense of any kind, that may be experienced or incurred in connection with my attendance at JL Performance Horses. **Initial here:** _____

I, _____, and my parent/guardian _____ attest to the fact that I, nor anyone in our household has been exposed to COVID-19 or at high risk of exposure to COVID-19 and furthermore, are healthy and do not pose a risk to others. **Initial here:** _____

I understand that the risk of being exposed to or infected by COVID-19 at JL Performance Horses may result from the actions, omissions, or negligence of myself, and others, including, but not limited to, JL Performance Horses LLC, and/or its employees, officers, family, representatives, agents, staff, volunteers, program participants/attendees and their families. **Initial here:** _____

I hereby release, covenant not to sue, discharge and hold harmless JL Performance Horses LLC, and/or its family, owners, directors, officers, employees, representatives and agents from any claim associated with allegedly being exposed to or infected by COVID-19 as a result of my presence on the "Farm" or my participating on the 'Farm" during activities and/or being on the Farm and/or property(s) of JL Performance Horses LLC. **Initial here:** _____

HEALTH PROTOCOLS:

- I understand and agree to comply with the attached Health Protocols and understand and agree that I may be disqualified from participating in any programs on the "Farm" and required to promptly leave the Farm property should I fail to do so.
- I will, to the best of my ability, practice proper social distancing as recommended by CDC and the health department directives, as well as practice good hygiene (hand washing, use of hand sanitizer, wearing of a mask if and when required, etc.) and follow other health directives ordered or suggested.

HEALTH REPORTING:

- I have not experienced new or worsening symptoms of possible COVID-19 in the last 14 days, including cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, diarrhea, feeling feverish or a temperature greater than 100°.
- I have not had close contact with a person symptomatic or confirmed to have COVID-19 in the last 14 days.
- I have not been diagnosed with COVID-19 within the last 14 days. If I have been infected by COVID-19 at any time, I have been medically released to return to normal activities and will produce written proof.
- If I develop a fever and symptoms, such as a cough or difficulty breathing while at JL Performance Horses, or if I am diagnosed with COVID-19 while at the "Farm", I will self-quarantine and immediately report this information to JL Performance Horses management.

I fully understand and agree to the above terms.

Parent Participant Signature & Date: _____

Name (PRINT) _____

Emergency Contact: _____ Phone: _____

The following guidelines have been put in place in accordance with JL PERFORMANCE HORSES LLC requirements and the recommendations of the CDC and WHO regarding social distancing and public

health. Attendees should review the current CDC and WHO guidelines prior to visiting the "Farm" and refrain from attending any activities and/or programs if they have been in contact with anyone exhibiting COVID-19 symptoms within the last 14 days, have a fever or other symptoms, or are immune compromised.

JL Performance Horses and its programs will be closed to the general public. Invited guests, participants, family, vendors and staff may attend in accordance with the health protocols contained herein and any applicable local, state or federal mandates.

Please be aware, in addition to the JL PERFORMANCE HORSES LLC protection protocols outlined below, Dutchess County, NY voted to require face coverings in indoor public places in Dutchess County, NY, which will be applicable to the properties of JL PERFORMANCE HORSES LLC.

An inherent risk of exposure to COVID-19 exists in any setting where people are present.

If you test positive for COVID-19, please contact JL Performance Horse LLC management immediately at (845) 260-0962.

If you contract COVID-19 while participating and/or enrolled in any programs and test positive within 14 days of "Farm" activities and/or programs, please contact NYEquine@aol.com.

Professional service providers (i.e. farriers, veterinarians etc.) attending to the horses or providing lecture, demonstration, etc for the activities and/or programs, attendees will be asked to review and adhere to these protocols, as well.

Everyone must follow social distancing guidelines.

- Put 6-feet between yourself and people who are not from your same household or household contact.

Remember that some people without symptoms may be able to spread the virus.

You will be held responsible for providing and utilizing their own personal protective equipment, including but not limited to face protection, personal hand sanitizer, gloves, etc.

Face protection astride and at halter is optional. (Per the CDC, children under age 2, or anyone who has trouble breathing, is unconscious, incapacitated or otherwise unable to remove the mask without assistance are not required to wear face protection.)

Social distancing in the barns or outside is required, when not wearing face protection.

Screenings with no-touch thermometers may be required for entry. Based on guidance from health authorities, anyone with a temperature of 100F or above should not attend.

- Follow CDC guidance if symptoms develop.

I have read, understand and agree to comply with the Health Protocols stated above. My signature attests that my child is healthy, COVID free and his/her attendance does not pose a health risk to others.

Parent Signature & Date: _____

Name (PRINT) _____

Date: _____ Phone: _____

Child(rens) Names & Ages: _____