

Hugs for Horses Therapeutic Riding Program

Infectious Disease / Covid-19 Acknowledgement of Risk and Acceptance of Services

Rider name (Please print clearly): _____

I, _____ (please **print** name of Parent/Legal Guardian of Hugs' Rider or Hugs' Rider who is able to give legally adequate consent) am aware of the health risks of contracting infectious diseases including Covid-19. I am also aware that receiving face-to-face services from Hugs for Horses Therapeutic Riding now and in the future increases my/my Rider's and other's chance of exposure and risk of contracting and passing on Infectious Diseases including Covid-19. I believe the benefit I/my Rider receive(s) from Hugs for Horses Therapeutic Riding services justifies the risk. At the same time, I understand that Hugs' director Rona Jacobs reserves the right to not serve my Rider or serve my Rider with special requirements if she believes my Rider has behaviors or conditions that pose an increased risk of infection for him/herself or for staff and volunteers.

I further agree to notify Rona Jacobs and cancel my Rider's therapeutic riding appointments should I or my Rider have, within the previous 14 days, exhibited or have been in contact with someone who has presented with illness including; cough, sneezing, fever, chest congestion or additional signs of potential infection of any infectious disease. *Please do not bring your Rider if you or your Rider have any of these symptoms or other symptoms of any potentially infectious illness.* I will notify Rona Jacobs immediately by calling or texting her at 843-833-3929 if my Rider or a member of our household receives a positive Covid-19 diagnosis.

Georgetown Equestrian Center and Hugs for Horses Therapeutic Riding staff will engage in regular cleaning and sanitizing of horse tack, grooming supplies, doors, bathrooms, and frequently touched areas as can be achieved practically in a barn environment. **I agree** to follow recommended guidelines for personal and public hygiene and safety. This includes, but is not limited to social distancing, washing hands prior to each session, use of hand sanitizer, and limiting the number of people I bring to the barn to only those people necessary to supervise my Hugs' Rider. Requiring the wearing of face masks is at discretion of director Rona Jacobs unless specified otherwise by law. Although Hugs will make every effort to have sanitizing products on hand, I will bring my own protection and sanitizing products for my/my Rider's use.

Unless specifically requested by Rider's parent and approved by Hugs' director Rona Jacobs, my Rider will wear a helmet while riding a horse. Although Hugs has helmets on hand for rider use, I am encouraged to provide my Rider with his/her own well-fitting, certified safety helmet in good condition if I am concerned about using a helmet shared by other riders.

I am signing this Acknowledgement of Risk and Acceptance of Services under my own free will and choice. I agree to hold harmless Hugs for Horses Therapeutic Riding Program, Georgetown Equestrian Center, Georgetown County Board of Disabilities and Special Needs, and all owners/directors, staff, and volunteers of these organizations who I/my Rider may come in contact with during this interaction and receiving of therapeutic riding services.

Signature: _____
Parent/Legal Guardian or Rider who is able to give legally adequate consent

Date: _____

Print name: _____

Relationship to Rider: _____

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Other adults authorized to drive or supervise the Hugs' Rider must sign below

I have read and understand the Hugs for Horses Therapeutic Riding Program Infectious Disease/Covid-19 Acknowledgement of Risk and Acceptance of Services. I am signing under my own free will and choice and agree to follow and hold harmless all individuals and organizations associated with or through the Rider's services received from Hugs for Horses Therapeutic Riding Program.

Signature: _____ Date: _____

Adult authorized to come to the barn on behalf of the Hugs' Rider

Print name: _____ Relationship to Rider: _____

Signature: _____ Date: _____

Adult authorized to come to the barn on behalf of the Hugs' Rider

Print name: _____ Relationship to Rider: _____

Signature: _____ Date: _____

Adult authorized to come to the barn on behalf of the Hugs' Rider

Print name: _____ Relationship to Rider: _____

Signature: _____ Date: _____

Adult authorized to come to the barn on behalf of the Hugs' Rider

Print name: _____ Relationship to Rider: _____