



# ROCKING HORSE RANCH

## Therapeutic Riding Program

www.rhrnc.com

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### **Covid-19 Acknowledgement of Risk and Acceptance of Services**

I, \_\_\_\_\_ (Participant Name), am aware of the risks of contracting Covid-19 while receiving face to face services from Rocking Horse Ranch Therapeutic Riding Program, Inc at this time of the pandemic outbreak.

I am also aware that face to face services increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless Rocking Horse Ranch, Inc, it's employees 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 Rocking Horse Ranch Therapeutic Riding Program, Inc and my individual Instructor. This may include, but is not limited to, waiting in my vehicle until I am asked to enter the building either in person or via telephone; washing my hands prior to each session; use of hand sanitizer upon request; maintaining social-distancing when feasible, and wearing a protective facial mask or covering 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 viral or bacterial disease. In addition, I will follow the recommendations of my Instructor once I have notified them of these risks in regards to my future services during this pandemic.

Rocking Horse Ranch Therapeutic Riding Program, Inc will engage in regular cleaning and sanitizing of horse tack, grooming supplies and office, doors, and frequently touched areas in-between participants and on a daily basis as recommended by the CDC, state and local entities, and our contracted Veterinarian for the safety of participants, 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 Rocking Horse Ranch Therapeutic Riding Program, Inc.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_