



## COMMUNICABLE DISEASES ACKNOWLEDGEMENT OF RISK for SERVICES, VOLUNTEERING or EMPLOYMENT

I, \_\_\_\_\_, am aware of the risks of contracting or spreading Covid-19 and other communicable diseases while working or volunteering at Pegasus Springs Therapeutic Riding Center(also referred to as PSTRC), attending an event; and/or receiving face-to-face services from PSTRC during the time of a pandemic outbreak, and /or Michigan Governor’s or IOSCO County’s declaration of a “stay-at-home” order(s).

I am aware that face-to-face services and experiences increase my risk of contracting and passing on the Covid-19 or Coronavirus and other communicable diseases and agree to hold harmless Pegasus Springs Therapeutic Riding Center and its residents, members, officers, managers, agents, employees and all other individuals I may come in contact with during this interaction and receiving of services, providing services, attending an event, working for or volunteering within this organization.

I am aware of the options that may be available for remote services including, telephonic and video telehealth, as allowed by insurances and State Licensing Board recommendations, during this Pandemic outbreak. I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by PSTRC; as well as my individual provider/practitioner. This may include, but is not limited to, waiting in my vehicle and/or home until I am asked to enter the building/farm; maintaining social distance; washing my hands prior to and following each session or activity; 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 stay home and/or cancel my services should I have personally exhibited or have been in contact with someone who has presented with illness within the previous 24 hours





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to 2 weeks, 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 or attendance during this pandemic. Pegasus Springs TRC will engage in reasonable and regular cleaning and sanitizing of the barn facility, office, horse tack, grooming supplies, doors, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC for the safety of clients, employees, volunteers and horses.

I am signing under my own free will and agree to follow these and hold harmless all individuals associated with or through my services acquired from Pegasus Springs Therapeutic Riding Center. BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT. \*In the event that the undersigned is under the age of 18, the signature of a parent or guardian is required.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(of parent or guardian if under 18 yrs old)

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

(print name)

