



TRI
3960 MIDDLE RUN ROAD
SPRING VALLEY, OH 45370
(937)317-4001

COVID RISK RELEASE
REQUIRED FOR ALL STAFF, CONTRACTORS, VOLUNTEERS, STUDENTS, GUESTS
(Each member of a Students Family who will be on site must complete)

I, _____, am aware of the risks of contracting or spreading Covid-19 while working or volunteering at Therapeutic Riding Institute, Inc.; attending an event; and/or receiving face-to-face services from Therapeutic Riding Institute, Inc. during the time of a pandemic outbreak and going forward.

I am aware that face-to-face services and experiences increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless Therapeutic Riding Institute, Inc. 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 or volunteering within this organization.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Therapeutic Riding Institute, Inc.; as well as my individual provider/practitioner. This may include, but is not limited to, waiting in my vehicle 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 to 2 weeks, including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. If I choose to travel via airplane or outside of the United States, I agree to cancel my services and self-quarantine for a minimum of 14 days. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regard to my future services or attendance during this pandemic. I will be asked to attest to a daily self-assessment prior to arriving at the farm. I may be required to have my temperature taken by a TRI staff member or volunteer.

Therapeutic Riding Institute, Inc. will engage in regular cleaning and sanitizing of the facility, horse tack, grooming supplies and office, 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 Therapeutic Riding Institute, Inc.

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTAND:

- **Covid Risk Release**
- **Program Policies and Procedures during COVID-19 Infection Risk**

*If the undersigned is under the age of 18, the signature of a parent or guardian is required.

SIGNATURE: _____ DATE: _____

MINOR/GUARDIAN of: _____