



Covid-19 Liability Waiver Form

Acknowledgement of Risk and Acceptance of Services

I, _____ (Client Name), am aware of the risks of contracting Covid-19 while receiving face to face services from Blue Rider Stables, Inc. at this time of the pandemic outbreak and Massachusetts Governor Baker's declaration of a "stay in place" declaration.

I am aware that face to face services increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless Blue Rider Stables, Inc., its 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 Blue Rider Stables, Inc. and state mandates. 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; wiping down surfaces with disinfecting wipes and/or wearing a protective face covering and/or gloves.

I agree to cancel my services if I have, within the previous 24 hours to 2 week period, personally exhibited or have been in contact with someone who has presented any illness including; coughing, 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 during this pandemic.

Blue Rider Stables, Inc. will engage in regular cleaning and sanitizing of horse tack, grooming supplies and office, doors, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC and our contracted Veterinarian for the safety of clients, 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 Blue Rider Stables, Inc.

I herewith acknowledge that the following Blue Rider Stables documents have been read, completed and signed:

- _____ Assumption of Risk Form
- _____ COVID-19 Liability Waiver Form
- _____ COVID-19 Infection Control Plan
- _____ COVID-19 Temperature Questionnaire – to be completed before exiting vehicle at Blue Rider Stables

Client/Parent/Guardian Name: _____ **Date:** _____

Client/Parent/Guardian Signature: _____

We recommend all participants have a copy of the above for their records.