



11/2021 Covid-19 Liability Waiver Form

Acknowledgement of Risk and Acceptance of Services

I, _____ (Client Name), am aware that face to face services increase my risk of contracting and passing on 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. This includes, but is not limited to, taking my temperature at home, use of hand sanitizer upon request; and wearing a protective face covering.

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 frequently touched areas in-between clients and on a daily basis as recommended by the CDC and the Egremont BOH 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
- _____ Lesson & Program policies

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

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

Visual Screening (to be filled out by BRS Staff)

- Does the person look and sound healthy?
- Are they flushed, breathing rapidly, coughing, confused or short tempered?

Initials of BRS doing intake _____