

River Valley Riders
COVID VIRUS ASSUMPTION OF RISK AND RELEASE OF LIABILITY,
WAIVER OF CLAIMS AND INDEMNITY AGREEMENT – 2022



RIVER VALLEY RIDERS
 EQUINE-ASSISTED SERVICES

**REQUIRED FOR ALL PARTICIPANTS, PARENTS, GUARDIANS,
 CARE GIVERS, VOLUNTEERS, CONTRACTORS, AND STAFF.**

I, _____, am aware of the risks of contracting or spreading the COVID virus while working, volunteering or visiting at River Valley Riders, attending an event; and/or receiving in-person services from River Valley Riders until December 31, 2022. I have read and understand the 2022 River Valley Riders' COVID protocol document and agree to follow the requirements.

With full awareness and appreciation of the risks involved, I, for myself and on behalf of my family, spouse, estate, heirs, executors, administrators, personal representatives, and assigns, hereby forever waive, release, indemnify, discharge, and covenant not to sue River Valley Riders, its board members, officers, agents, employees, independent contractors, volunteers, successors, and assigns (collectively the "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage or injury, including death, that may be sustained by me, my child(ren) and/or ward(s) related to the COVID virus whether caused by the negligence of the Released Parties, any third party at River Valley Riders, or otherwise, while participating in any activity while in, on or around River Valley Riders and/or while using any River Valley Riders facilities.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Choose one box to complete.

I, the participant/volunteer/staff/contractor, am 18 years of age or older and do not have a legal guardian.

 Signature

 Name (Please Print)

 Date

For participants/volunteers under the age of 18 years or with one or more legal guardians:

This is to certify that I, as Parent, Guardian or Temporary Guardian with legal responsibility for the participant(s)/volunteer(s) named below, do consent and agree to this Release on behalf of the participant(s)/volunteer(s) and myself. Also I release and indemnify the Released Parties from any and all liabilities and claims incident to the participant(s)/volunteer(s) and my involvement in these activities for myself, my heirs, successors and assigns.

All parents or legal guardian(s) of the participant/volunteer must acknowledge and by their signature, release all claims that they and the participant(s)/volunteer(s) may have.

Signature of Parent/Legal Guardian(s):

Printed Name of Parent/Legal Guardian(s):

Date:

Full names of participants/volunteers under the age of 18 or with a legal guardian:

