



RIVER VALLEY RIDERS  
EQUINE ASSISTED ACTIVITIES & THERAPIES



## River Valley Riders

### **COVID-19 ASSUMPTION OF RISK AND RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT - 2021**

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

I, \_\_\_\_\_, am aware of the risks of contracting or spreading COVID-19 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, 2021. I have read and understand the "River Valley Riders COVID-19 Re-Opening Plan" document.

I am aware that person-to-person services and experiences increase my risk of contracting and passing on the COVID-19 or Coronavirus while receiving services, providing services, visiting, attending an event, or volunteering with this organization.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by River Valley Riders; as well as my individual health care provider/practitioner. This may include, but is not limited to, waiting in my vehicle until I am asked to enter the building/activity area; maintaining social distance; washing my hands prior to and following each session or activity; use of hand sanitizer upon request; wiping down surfaces or tack with soap and water and wearing a protective face mask. I agree to provide PPE (mask, hand sanitizer, etc.) for myself, my child(ren) and/or ward(s).

I agree to stay home and/or cancel my services and inform River Valley Riders should I have personally exhibited or have been in contact with someone who has presented with illness within the previous 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 any recommendations my health care provider makes to minimize risks to my health and others during this pandemic.

River Valley Riders will engage in regular cleaning of the facility, horse tack, grooming supplies, door knobs, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC for the safety of participants, parents, guardians, care givers, volunteers, contractors, staff, and horses.

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 COVID-19 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:

\_\_\_\_\_  
\_\_\_\_\_