

COVID-19 ACKNOWLEDGEMENT OF RISK AND ACCEPTANCE OF SERVICES

REQUIRED FOR ALL STAFF, CONTRACTORS, VOLUNTEERS, PARTICIPANTS and VISITORS

I, _____, am aware of the risks of contracting or spreading Covid-19 while working or volunteering at Reins of Life, Inc.; attending an event; and/or receiving face-to-face services from Reins of Life, Inc. during the time of a pandemic outbreak, until further notice.

I am aware that face-to-face services and experiences increase my risk of contracting and passing on the Covid-19 and agree to hold harmless Reins of Life, Inc. and its staff 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 am aware of the options that may be available for remote services including, telephonic and video telehealth during this pandemic outbreak.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Reins of Life, Inc., as well as my individual provider/practitioner. This may include, but is not limited to, waiting in my vehicle and/or home until I am asked to enter the building/farm; maintaining social distance (6 ft of distancing between each other); 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. In addition, I agree to follow all posted rules and regulations.

I also acknowledge and accept the new guidelines for eligibility in light of the pandemic, and agree to comply if and when myself or my dependents are not eligible for participation. In addition, I agree to follow all posted rules and regulations, as well as to complete updated required paperwork and annual updates prior to returning for services.

I agree not to enter Reins of Life, Inc. should I have personally exhibited or have been in contact with someone who has presented with illness within the previous 2 weeks, including but not limited to: cough, 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 regard to my future services or attendance during this pandemic.

I understand that Reins of Life, 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 or activities at Reins of Life, Inc.

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT. (In the event that the participant named above is under the age of 18, the signature of a parent or guardian is required.)

SIGNATURE: _____ DATE: _____

Printed Name: _____ Contact Phone #: _____

Parent/Guardian _____

If participant is a minor, parent or guardian must sign as well.