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**Horses of Hope/Caballos de Esperanza Therapeutic Riding Center**

**COVID-19 Acknowledgement of Risk & Acceptance of Services**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Participant Name), am aware of the risks of contracting COVID-19 while receiving services at Horses of Hope/Caballos de Esperanza Therapeutic Riding Center. I am aware that face-to-face services may increase my risk of contracting and passing on the Coronavirus and agree to hold harmless Horses of Hope/Caballos de Esperanza, Inc., its staff, volunteers and all others I may come in contact with during the time of services.

I agree to follow all guidelines and policies required by Horses of Hope/Caballos de Esperanza including:

* Performing a self-health check prior to coming and cancelling services if I am exhibiting symptoms of COVID-19 or have been in contact with some who has tested positive or presented any of the possible COVID-19 symptoms reported by the CDC (such as, but not limited to, fever, cough, muscle aches).
* Reporting to staff at Horses of Hope/Caballos de Esperanza *prior* to coming to the center if any person in my household has been traveling outside of Puerto Rico and has returned in the past week.
* Following Horses of Hope/Caballos de Esperanza policies for personal protection, social distancing and disinfecting including wearing face covering upon arrival and throughout activities, washing hands, etc..
* Understanding my family members or caregivers will be required to remain in their vehicle or wait for me in designated area as indicated by staff.

Horses of Hope/Caballos de Esperanza will engage in regular cleaning and sanitizing of riding equipment, grooming supplies, helmets and frequently touched areas in between lessons as recommended by the CDC.

I agree to follow these policies and hold harmless all individuals associated with my services at Horses of Hope/Caballos de Esperanza Inc. Therapeutic Riding Center.

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant/Parent/Caregiver\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_