



3960 MIDDLE RUN ROAD
SPRING VALLEY, OH 45370
(937) 317-4001

**COVID RISK RELEASE- Updated 9/1/2021
REQUIRED FOR ALL STAFF, CONTRACTORS, VOLUNTEERS, STUDENTS, GUESTS**

I, _____, am aware of the risks of contracting or spreading Covid-19 while working or volunteering at Therapeutic Riding Institute, Inc.; attending an event; and/or receiving face-to-face services from Therapeutic Riding Institute, Inc. during the time of a pandemic outbreak and going forward.

I am aware that face-to-face services and experiences increase my risk of contracting and passing on the Covid-19 or Corona virus and agree to hold harmless Therapeutic Riding Institute, Inc. and its residents, 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 have completed a Risk Benefit Analysis for myself and/or my minor participant and feel that participating in TRI activities does not put me or them at a life-threatening risk. TRI is not responsible for doing this analysis.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Therapeutic Riding Institute, Inc.; as well as my individual medical provider/practitioner. This may include, but is not limited to, waiting in my vehicle until I am asked to enter the building/farm; maintaining social distance; 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.

I agree to stay home and/or cancel my services should I have personally exhibited or have been in contact with someone who is COVID Positive or has presented with illness within the previous 24 hours to 2 weeks. I will follow the recommendations of TRI's Program Director once I have notified them of these risks regarding my future services or attendance during this pandemic. I am asked to do a daily self-assessment prior to arriving at the farm. I may be required to have my temperature taken by a TRI staff member or volunteer. TRI staff has the right to ask that I leave the facility if they believe I am not following the COVID-19 Risk Prevention Policies or CDC/Ohio guidelines.

Therapeutic Riding Institute, Inc. will engage in regular cleaning and sanitizing of the facility 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 Therapeutic Riding Institute, Inc.

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTAND:

- **Covid Risk Release**
- **Program Policies and Procedures during COVID-19 Infection Risk (emailed to all students and volunteers. Also found online at TRIOhio.org or available on request)**

*If the undersigned is under the age of 18, the signature of a parent or guardian is required.

SIGNATURE: _____ DATE: _____
MINOR/GUARDIAN of: _____