



FULL CIRCLE FARM
THERAPEUTIC HORSEMANSHIP

Infectious Disease Acknowledgement and Acceptance of Risk

I, _____ (Volunteer Name), am aware of the risks of contracting COVID – 19 or any infectious disease while receiving services at FCFTH. I am aware that the nature of volunteering at a therapeutic riding center may increase my risk of contracting and passing on an infectious disease and agree to hold harmless and release Full Circle Farm Therapeutic Horsemanship, Full Circle Farm LLC, their owners, board of directors, officers, members, staff, instructors, volunteers, employees, management, premises owners, affiliated organizations or persons, and insurers.

I agree to follow all guidelines and policies required by FCFTH including:

- Performing a self-health check prior to coming and cancelling services if I am exhibiting symptoms of COVID-19 or do not feel well.
- I will not volunteer if I have been exposed to someone who has tested positive or who has presented symptoms such as fever, cough, congestion or difficulty breathing.
- I will follow FCFTH policies for personal protection, social distancing, washing hands and disinfecting, including wearing face covering upon arrival and during activities when within 10 feet of participants
- FCFTH will engage in regular cleaning and sanitizing of riding equipment, grooming tools, helmets and frequently touched areas of the barn and arena in between lessons as recommended by the CDC.

Volunteer Name _____

Date _____

Signature of volunteer/parent/caregiver/guardian

Date _____