

# Unicorn Therapeutic Riding

171 Marshalls Corner-Woodsville Road  
Pennington, NJ 08534

609-354-2014

www.unicornriding.com



## COVID-19 Acknowledgement of Risk and Acceptance of Services

I, \_\_\_\_\_ (Student/Guardian Name), am aware of the risks of contracting Covid-19 while receiving face to face services from Unicorn Therapeutic Riding at this time of the pandemic outbreak and the New Jersey Governor's "stay in place" order.

I am aware that face to face services increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless Unicorn Therapeutic Riding, its staff/volunteers and all other individuals I may come in contact with during this interaction and receiving of services.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Unicorn Therapeutic Riding and its staff/volunteers. This may include, but is not limited to, waiting in my vehicle until I am asked to enter the building; 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 cancel my services should I have within the previous 2 weeks personally exhibited or have been in contact with someone who has presented with 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 Unicorn Therapeutic Riding's staff/volunteers once I have notified them of these risks in regards to my future services during this pandemic.

Unicorn Therapeutic Riding will engage in regular cleaning and sanitizing of horse tack, grooming supplies and office, doors, and frequently touched areas on a daily basis as recommended by the CDC and our Veterinarian for the safety of students, staff/volunteers and horses.

I am signing under my own free will and choice and agree to follow these guidelines and hold harmless all individuals associated with or through my services acquired from Unicorn Therapeutic Riding.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_