



COVID-19 STATEMENT

New Day Equine Therapy anticipates reopening subject to Virginia and CDC Guidelines pertaining to the COVID-19 virus. In addition, we will require agreement and execution of the attached waiver prior to engaging in any activity. We are closely monitoring the status of the virus in Virginia, as well as following the CDC and Governor Northam's suggestions to reduce risk.

In an effort to minimize the risk to our clients, New Day Equine Therapy is taking the following precautions:

- Temperature checks for instructors, volunteers and staff
- Masks and gloves will be used for anyone interacting with students
- All helmets and shared equipment is continually cleaned and disinfected
- Horses and ponies will be in the arena, ready for lessons
- Parents are encouraged to assist in side walking so we can maintain safe social distancing with our students



Waiver

I, the undersigned, understand the severity of the novel coronavirus. This virus, commonly called both coronavirus and COVID-19, has been declared a pandemic by the World Health Organization. By signing this waiver, I acknowledge that I understand the risks of person-to-person contact.

1. I acknowledge and voluntarily assume the risk of myself or my child(ren) possibly being exposed to or infected with the COVID-19 virus by attending any event or session at New Day Equine Therapy.
2. I agree to follow all guidelines set forth by New Day Equine Therapy for personal hygiene, personal safety, and public safety. These guidelines may include, but are not limited to, limiting contact by waiting in my car until instructed to enter the barn, the use of hand sanitizer or washing of hands frequently and before each session, wiping down surfaces with a disinfectant agent, and wearing appropriate protective face coverings and/or gloves. I acknowledge that if I or my child(ren) do not adhere to these guidelines, New Day Equine Therapy may refuse to complete our session and we may be asked to leave the property.
3. I understand that the risk of exposure and infection is in addition to the risk of personal injury, disability, or death involved in participating in equine activities.
4. I acknowledge my responsibility to cancel any session if I or my child(ren) have come into knowing contact with a person infected by COVID-19, or who has any of the following symptoms:
 - a. Fever
 - b. Coughing
 - c. Sneezing

- d. Chest congestion
 - e. Any other indicators of possible COVID-19
5. I acknowledge that it is my responsibility to inform my personal provider/practitioner, as well as my child(ren)'s personal provider/practitioner, of my continuing sessions. It is also my responsibility to adhere to any additional guidelines that my or my child(ren)'s personal provider/practitioner suggests to reduce risk.
6. I/we hereby waive our right to take legal action against New Day Equine Therapy in the case of exposure to or infection by the COVID-19 virus.

I have fully read and fully understand the above and am signing this document of my own free will and choice.

Parent Signature

Date

Participant Name



Participant Name

Date

I affirm that I, as well as all household members do not currently have any of the following:

- a. Fever
- b. Coughing
- c. Sneezing
- d. Chest congestion
- e. Any other indicators of possible COVID-19

I understand that the above symptoms can be related to COVID-19 and affirm that I, as well as all household members, have not experienced any symptoms listed above WITHIN THE LAST 14 DAYS.

I affirm that I, as well as all household members, have not been diagnosed with COVID -19 WITHIN THE PAST 30 DAYS.

I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID -19 WITHIN THE PAST 30 DAYS.

I affirm that I, as well as all household members, have not traveled outside the country, or to any city considered to be a "hot spot" for COVID-19 WITHIN THE PAST 30 DAYS.

Parent Signature

Date