

★ HIGH HORSE HILL ★  
*Therapeutic Horsemanship for All Ages*

## COVID-19 Informed Consent to Participate

I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

- I confirm I am not experiencing any of the following symptoms of COVID-19 listed below:
  - Fever
  - Shortness of Breath
  - Dry Cough
  - Runny Nose
  - Sore Throat
  - Loss of Taste or Smell
- I understand travel increases my risk of contracting and transmitting the COVID-19 virus. I verify that I have NOT in the past 14 days traveled:
  - Outside of the United States to countries that have been affected by COVID-19; or
  - Domestically within the United States by commercial airline, bus, or train.
- I am informed that you and your staff have implemented preventative measures intended to reduce the spread of COVID-19. However, given the nature of the virus, I understand there may be an inherent risk of becoming infected with COVID-19 by proceeding with this session. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this activity and give my express permission to you and the staff at High Horse Hill Therapeutic Horsemanship to provide lessons.
- I have been offered a copy of this consent form.

I KNOWINGLY AND WILLINGLY CONSENT TO THIS RECREATIONAL ACTIVITY WITH THE FULL UNDERSTANDING AND DISCLOSURE OF THE RISKS ASSOCIATED BY PARTICIPATING DURING THE COVID-19 PANDEMIC. I CONFIRM ALL OF MY QUESTIONS WERE ANSWERED TO MY SATISFACTION.

I HAVE READ, OR HAVE HAD READ TO ME, THE ABOVE COVID-19 RISK INFORMED CONSENT TO PARTICIPATE. I UNDERSTAND THAT IT IS NOT POSSIBLE TO CONSIDER EVERY POSSIBLE COMPLICATION TO PARTICIPATING. I HAVE ALSO HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT ITS CONTENT, AND BY SIGNING BELOW, I AGREE WITH PARTICIPATING IN EQUINE ASSISTED ACTIVITIES AND THERAPIES (EAAT). I INTEND THIS CONSENT TO COVER THE ENTIRE COURSE PARTICIPATION IN EAAT ACTIVITIES.

<b>Participant</b>	<b>Parent/Guardian</b>	<b>Witness</b>
Signature: _____	Signature: _____	Signature: _____
Name _____	Name _____	Name _____
Date _____	Date _____	Date _____