



THORNCROFT
EQUESTRIAN CENTER

Therapeutic Horseback Riding, Inc.

Covid-19 Acknowledgement of Risk and Acceptance of Services Liability Waiver

I, _____ (rider or parent/guardian), am aware of the risks of contracting Covid-19 while receiving face-to-face horsemanship instruction from Therapeutic Horseback Riding, Inc. d/b/a Thorncroft Equestrian Center (“Thorncroft”), at this time of the Covid-19 pandemic outbreak. I agree to hold harmless Therapeutic Horseback Riding, Inc. (“Thorncroft”) and all other individuals I may come in contact with during this interaction of receiving face-to-face horsemanship instruction.

High risk factors exist for severe illness as defined by the CDC. Per the CDC, these risk factors include the following. Based on what we know, those at high-risk for severe illness from Covid-19 are:

- People 65 years and older
- People who live in a nursing home or long-term care facility

People of all ages with underlying medical conditions, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious lung conditions
- People who are immunocompromised. Many conditions can cause a person to be immunocompromised, including cancer treatments, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.
- People with severe obesity (body mass index [BMI] of 40 or higher.
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

I agree that if these conditions are applicable, that I will not participate in face-to-face horsemanship instruction at this time at Therapeutic Horseback Riding, Inc. (“Thorncroft”) or that I will accept the risk.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by the CDC, Chester County Health Department, and Therapeutic Horseback Riding, Inc. (“Thorncroft”) as outlined in its *Reopening Policies and Procedures*.

I agree to cancel my scheduled lesson time should I have within the previous **24 hours to 2 weeks** personally exhibited or have been in contact with someone who has presented with illness including: cough, sneezing, fever chest congestion, or additional signs of potential spread of any virus or bacteria or disease. In addition, I will follow the recommendations of my health care provider once I have notified them of these risks in regards to my future services during this pandemic. Should a Thorncroft representative identify any signs of illness in the student, once present at his or her check in point, Thorncroft reserves the right to cancel lesson and request that the student leave the property immediately.

I am signing under my own free will and choice and agree to follow these and hold harmless all individuals associated with or through my services acquired from Therapeutic Horseback Riding, Inc. (“Thorncroft”).

Student Name: _____ Date: _____

Student Signature: _____ Date: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

www.thorncroft.org

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