The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Southern Reins Center for Equine Therapy is taking active measures to reduce the spread of COVID-19 at our facility; yet there are still risks associated with volunteering in the programs offered that may increase exposure due to required personal contact and person-to-person interaction. As a volunteer, you should follow personal hygiene safety standards; including but not limited to wearing a mask, thoroughly washing hands and applying hand sanitizer, and practicing social distancing.

If you have been exposed, or may have been exposed, to an individual with COVID-19; or an individual who is symptomatic of COVID-19, you may not participate as a volunteer or visit the facility. By signing this agreement, you agree that if you have not had an illness at least 2 weeks prior to volunteering for a lesson or session. An illness includes, but is not limited to, sneezing, coughing, fever, nausea, and congestion. If you have had an illness within 2 weeks, you may not volunteer in lessons or sessions, or visit the facility. Recovered illnesses require a physician’s documentation that you are healthy and may return to volunteer for lessons or sessions.

Southern Reins has implemented safety measures to reduce the risk of exposure to COVID-19. Attached to this agreement is our COVID-19 Action Plan and Preparedness document, as well as our COVID-19 Safety Protocol for Operations that details safety measures and precautions to serve participants at the facility. In your role as a volunteer, Southern Reins cannot guarantee that you will not become infected with COVID-19. Further, by signing this agreement, you acknowledge that volunteering in activities offered at the Southern Reins Center for Equine Therapy could increase the risk that you may contract COVID-19.

By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you may be exposed to or infected by COVID-19; and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

By signing this agreement, you voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to yourself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, in connection with volunteering for lessons and sessions offered at the facility.

By signing this agreement, you hereby release, covenant not to sue, discharge, and hold harmless Southern Reins Center for Equine Therapy, its employees, agents, and representatives, of and from any and all Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. You understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Southern Reins Center for Equine Therapy, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any program offered at the farm.
I agree that signing this agreement shall be binding on my personal representatives, heirs and assigns. I have read this agreement and fully understand and agree to comply with its contents.

Signature: _______________________________          Date: _______________________________
Volunteer

Printed Name: ______________________________
Volunteer

MINORS:

The undersigned declares that the undersigned is the parent or legal guardian of the minor first named above as “Volunteer.” The undersigned has read the foregoing Volunteer COVID-19 Health and Safety Requirements, Risk Acknowledgment and Release of Liability Agreement and in consideration of Southern Reins Center for Equine Therapy allowing the named minor onto its premises and/or allowing such minor to participate as a volunteer, the undersigned hereby agrees that all of the terms and conditions contained herein shall apply to such minor and shall be binding on the undersigned as to such minor and on such minor.

If under 18, signature of both parents (if applicable), or legal guardian is required.

Signature: _______________________________          Date: _______________________________
Parent/Guardian’s Signature

Printed Name: ______________________________
Parent/Guardian’s Name

Signature: _______________________________          Date: _______________________________
Parent/Guardian’s Signature

Printed Name: ______________________________
Parent/Guardian’s Name

Please send all documents via fax to 901-328-6328 or email: diane.kirksey@southernreins.org