



O.A.T.S. Participant Acknowledgment of COVID-19 Risk

I, _____, am aware of the risks of contracting Covid-19 while receiving in person services from Offering Alternative Therapy with Smiles (O.A.T.S.) at this time due to the pandemic outbreak. I acknowledge that certain at-risk populations such as those with underlying medical conditions such as diabetes, hypertension, auto-immune disease, respiratory issues or obesity are more susceptible to the disease, and I knowingly accept the risk of potentially catching COVID-19 despite reasonable precautions.

I am also aware that face to face services increase my risk of contracting and passing on COVID-19. O.A.T.S. cannot guarantee social distancing in cases of needing assistance to mount/dismount, emergencies or other unforeseen events and that I may be exposed despite the best efforts of O.A.T.S. I agree to hold harmless O.A.T.S., it's employees 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 standard precautions, personal safety and public safety as recommended by O.A.T.S., the Oakland County Health Department and the State of Michigan.

I agree to cancel my session should I have personally exhibited or have been in contact with someone who has presented with symptoms of illness including; coughing, sneezing, fever, shortness of breath or difficulty breathing or additional signs of potential spread of any virus or bacteria/disease such as chills, body aches, sore throat, headache, diarrhea, nausea/vomiting, and runny nose within the previous 2 weeks.

O.A.T.S. will engage in regular cleaning and sanitizing of horse tack, grooming supplies and frequently touched areas in-between clients and on a daily basis as recommended by the CDC for the safety of clients, employees, volunteers and horses. A detailed policy and procedure document is attached for you to review.

- I have read and understand the policies and procedures relating to COVID-19
- I have watched the COVID-19 safety video
- I agree to comply with this release and hold harmless all individuals associated with or through my services acquired from O.A.T.S.

Name: _____ Date: _____

Signature: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____