



ALBANY THERAPEUTIC RIDING CENTER, INC.
founded 1981

Albany Therapeutic Riding Center, Inc.

P.O. Box 91
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albanytherapeuticridingcenter@gmail.com



Covid-19 Acknowledgement of Risk and Acceptance of Services

I, _____ (Participant Name), am aware of the risk of contracting COVID-19 while receiving services from Albany Therapeutic Riding Center, Inc. at this time of the pandemic outbreak and the New York Governor Cuomo’s social distancing orders.

I am aware that face to face services may increase my risk of contracting and passing on the COVID-19 or Coronavirus and agree to hold harmless Albany Therapeutic Riding Center, Inc. and it’s employees and all other individuals I may come in contact with during this interaction/ receiving services.

I agree to and will follow all guidelines for personal hygiene, personal safety, and public safety as recommended by Albany Therapeutic Riding Center, Inc and my individual provider/ practitioner. This may include, but is not limited to, waiting in my vehicle and/or home until I am asked to enter the building in person; washing my hands prior to each session; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a face covering and/ or gloves.

I agree to cancel my services should I have within the previous 24 hours to 14 days 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/ disease. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regards to my future services during this pandemic.

Albany Therapeutic Riding Center, Inc will engage in regular cleaning and sanitizing of horse tack, grooming supplies, doors, and frequently touched areas in-between lessons and on a daily basis as recommended by the CDC and our veterinarian for the safety of clients, employees, volunteers, and horses.

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 Albany Therapeutic Riding Center, Inc.

Participant Name: _____ Date: _____

Participant Signature: _____

Parent/ Guardian Name: _____ Date: _____

Parent/ Guardian Signature: _____

Witness Signature: _____