



CLOUD DANCERS
THERAPEUTIC HORSEMANSHIP

Staff/Volunteer Acknowledgement of Risk

I, _____ (Print Name), am aware of the risks of contracting COVID 19 while working or volunteering for Cloud Dancers Therapeutic Horsemanship. I acknowledge that certain at-risk populations such as persons over age 60 and those with underlying medical conditions are more susceptible to the disease.

I am also aware that face-to-face services increase my risk of contracting and passing on COVID 19. Cloud Dancers cannot guarantee social distancing where support or assistance is needed to mount/dismount, balance or sit upright on a horse, address bodily fluid from the facial area, or in cases of emergencies or other unforeseen circumstances.

I have read Cloud Dancers Rider and Family Information and Volunteer packets relative to COVID 19, our Cleaning & Disinfecting Protocol for Prevention of the Spread of COVID 19 and agree to follow these guidelines, as well as, the Governor’s, New Mexico Department of Health and CDC mandates as they relate to COVID 19.

I knowingly accept the additional risks stated above, despite reasonable precautions, and agree to release, acquit, discharge and hold harmless Cloud Dancers Therapeutic Horsemanship Program, Inc., its officers, trustees, agents, employees, contractors, representatives, staff, volunteers, successors and assigns, for all manner of claims, demands and damages of every kind and nature whatsoever, which the undersigned may now, or in the future, have against Cloud Dancers related to any matters associated with COVID 19.

Staff/Volunteer Name (Print) _____

Staff/Volunteer Signature _____ Date _____