



Sarasota Manatee Association for Riding Therapy

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

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.

Sarasota Manatee Association for Riding Therapy, Inc. (SMART) has put in place preventative measures to reduce the spread of COVID-19; however, SMART, cannot guarantee that you and/or your child(ren) will not become infected with COVID-19. Further, attending SMART could increase your risk and your child(ren)'s risk of contracting COVID-19. Please feel free to consult with your lawyer regarding this document which may affect your legal rights.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and/or my child(ren) may be exposed to or infected by COVID-19 by attending SMART and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at SMART may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SMART employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or my child(ren) (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I and/or my child(ren) may experience or incur in connection with being on the property. On my behalf, and/or on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless SMART, its employees, officers, directors, volunteers, agents, and representatives, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of SMART, its employees, agents, officers, directors, volunteers and representatives, whether a COVID-19 infection occurs before, during, or after participation in any SMART program.

Signature of Participant (if over 18) Date

Name of SMART Participant(s) (please print)

I hereby certify that I am authorized to sign this Assumption of Risk and Waiver of Liability

Signature of Parent or Legal Guardian (if participant is under 18) Date

Printed name of Parent or Legal Guardian