Misty Meadows Equine Learning Center, Inc.

Covid-19 Acknowledgement of Risk, Acceptance of Services, and Release of Liability

I, _______________________________ (Print Name), am aware of the risks of contracting Covid-19 while visiting and participating in programs and activities at Misty Meadows Equine Learning Center, Inc. (“Misty Meadows”) at this time of the pandemic outbreak and Massachusetts Governor Baker’s declaration of a “state of emergency.”

I am aware that visiting and participating in in-person programs and activities at Misty Meadows may increase my or my child’s risk of contracting and passing on the Covid-19 or Coronavirus. In consideration for allowing me or my child to visit Misty Meadows and participate in various activities on the property owned by Misty Meadows Foundations, Inc. I agree, for myself and my heirs, executors, administrators and spouses, descendants and parents if applicable, not to sue or otherwise hold liable, and to indemnify, defend and hold harmless, Misty Meadows and Misty Meadows Foundation, Inc. and their respective directors, officers and employees, and any other individuals with whom I may come into contact during my visits to Misty Meadows, in connection with any claims, loss or damages related to or arising from COVID-19 or the Coronavirus.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Misty Meadows and as required by law. This may include, but is not limited to, waiting in my vehicle and/or home until I am asked to enter the building/vehicle either in person or via telephone; washing my hands prior to each visit; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes, wearing a protective mask and wearing gloves, and staying at a safe distance from other people.

I agree to cancel my visit, and my child’s visit if applicable, to Misty Meadows and participation in any of its activities should I, or my child if I am signing as parent or guardian, have within the previous 24 hours to 2 weeks 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 Misty Meadows once I have notified them of these risks in regards to my future Misty Meadows activities during this pandemic.
Misty Meadows will engage in regular cleaning and sanitizing of horse tack, grooming supplies and office, doors, and frequently touched areas in-between participants and on a daily basis as required or recommended under law or guidance issued by the Commonwealth of Massachusetts, the local Department of Health, the CDC and our contracted Veterinarian for the safety of participants, employees, volunteers and horses.

I am signing under my own free will and choice and agree to follow the Misty Meadows COVID – 19 Risk Management Protocols that have been provided to me.

Signature: ____________________________ Date: ________________

I am signing as a Parent/Guardian of the child named below:
Yes ____  No ____  Not applicable ____

Name of child if applicable: _______________________________________

Witness Signature:
_________________________________________________________________