



**ACKNOWLEDGEMENT OF RISK AND ACCEPTANCE OF SERVICES**

I am aware of the risks of contracting or spreading communicable diseases while working or volunteering at StableStrides; attending an event; and/or receiving face-to-face services from StableStrides during the time of a communicable disease outbreak. I understand that participating in services at StableStrides during such an outbreak enhances risks and uncertainties, including, without limitation, an increased likelihood that I, and/or those with whom I interact, contracts and/or transmits the disease. StableStrides has taken all the necessary, precautionary measures possible, in accordance with governmental agencies and the Center for Disease Control (CDC), but the risk of a communicable disease cannot be fully mitigated. The Undersigned Person understands this risk, agrees that such risks cannot be eliminated and expressly assumes all associated risks which remain.

I agree to and will strictly follow all federal, state, and local guidelines to protect against communicable disease health risks. This may include, but is not limited to, waiting in my vehicle and/or home until I am asked to enter a building; maintaining social distance; washing my hands prior to and following each session or activity; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective masks and/or gloves.

I agree to stay home and/or cancel my services should I have personally exhibited or have been in contact with someone who has presented with illness within the previous 14 days, 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 or attendance during this pandemic.

I am signing under my own free will, and agree to follow these guidelines and hold harmless all individuals associated with or through my services acquired from StableStrides.

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT.

\*In the event that the undersigned is under the age of 18, the signature of a parent or guardian is required.

CLIENTS NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF PERSON SIGNING: \_\_\_\_\_

RELATIONSHIP TO CLIENT: \_\_\_\_\_

**\*\*AS OF 12 MAY 2020 – REQUIRED FOR ALL CONTRACTORS, VOLUNTEERS, AND CLIENTS\*\***