

COVID-19 Release of Liability

I acknowledge the contagious nature of the Corona Virus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing, using masks and practicing hand hygiene.

I further acknowledge that Pete Sartin aka S&S Performance Horses cannot guarantee that I will not become infected with the Corona Virus/Covid-19.

I voluntarily seek services and activities provided by Pete Sartin and acknowledge that I am increasing my risk of exposure to the Corona Virus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while being present at S&S Performance Horses.

I attest that:

* I am not experiencing any symptom of illness that cannot be attributed to previous health condition or new exercise such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I have not traveled internationally within the last 14 days.

* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

* I do not believe I have been exposed to someone with a suspected or confirmed case of the Corona Virus/COVID-19.

* I have not been diagnosed with Corona Virus/Covid-19 OR if I have, I have been cleared as non-contagious by state or local public health authorities and have completed the recommended quarantine measures.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Corona Virus/COVID-19.

I hereby release and agree to hold Pete Sartin aka S&S Performance Horses harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act or that may otherwise arise in any way in connection with any services or activities at S&S Performance Horses.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Printed Name

Signature

Date*

Mailing Address

Phone

Number

Minors included in this waiver, please print full name(s) and D.O.B.

*This waiver expires one year from date of customer signature.