



JOHN MEL STABLES INC.
 www.JohnMelStables.com
 7735 Leslie Road West
 Puslinch, ON N0B 2J0
 519-822-5904

WAIVER

I fully recognize the dangerous inherent risk of serious injury or death by riding horses or participating in any horse related activity. I do so voluntarily and expressly assume any and all risk of injury or loss or death or permanent disability and I agree to indemnify and hold Melanie Michaels Ryan, John Ryan, JOHN MEL Stables Inc., family, employees or associates, harmless from and against all claims including injury or loss resulting in permanent disability or death suffered during or in conjunction with any horse related activity. Whether or not such claim, injury or loss resulted directly or indirectly from the negligent act or omissions of Melanie Michaels Ryan, John Ryan, and JOHN MEL Stables Inc., family, employees and associates.

Print Name(s): _____

Signature: _____ Date: _____ Time: _____
 (Parent, for child under 18)

JOHN MEL Stables Inc.: _____ (Melanie Michaels Ryan or John Ryan)

Witness: _____ Print Name: _____

COVID-19 PARTICIPANT PRE-SCREENING FORM

Participant's Email	Participant's Phone	City / Town

I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. I confirm that I am not presenting any of the following symptoms of COVID-19 identified by Public Health Services:

- Fever > 38°C
- Difficulty Breathing
- Difficulty swallowing
- Nausea/vomiting/Diarrhea
- Cough (new or worsening chronic)
- Flu-like Symptoms
- Loss of sense of taste/smell
- Unexplained Fatigue / muscle aches
- Sore Throat
- Runny Nose
- Chills
- Shortness of Breath
- Conjunctivitis (Pink Eye)
- Headaches

I confirm that:

- I am not currently positive for the novel coronavirus.
- I am not waiting for the results of a laboratory test for the novel coronavirus.
- I have not returned to Ontario from any country outside of Canada in the past 14 days.
- I have not been identified as a contact of someone who has tested positive for COVID-19 or been asked to self-isolate.

I understand that Public Health has asked individuals to maintain social distancing of at least 2 metres (6 feet) and it is not always possible to maintain this distance while working with horses.

I verify the information on this form is truthful and accurate. I knowingly and willingly consent to participate in activities at JohnMel Stables Inc. during the COVID-19 pandemic.

Print Name(s): _____ Signature: _____
 (Parent, for child under 18)