

HORSES *for* HOPE

Volunteer Registration and Release Form

Name: _____ Date of Birth: _____ Age: _____

Street/P.O. Box: _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone _____ Cell Phone _____

Can you receive texts on this # Yes No

Your E-mail address _____

If under 18-Parents or Guardian(s) name: _____ E-mail address _____

Address (if different from above) _____ City _____ State _____ Zip _____

Do you (the participant/volunteer) have any history of committing physical violence? _____ If yes, please explain: _____

Do you (the participant/volunteer) have any history of criminal convictions? _____ If yes, please explain: _____

CLIENT/PARTICIPANT/VOLUNTEER LIABILITY RELEASE

In consideration of my/my child's/my ward's participation in any equine or other day camp or volunteer-related activities at Horses for Hope TRC, Inc., hereafter known as "HfH", I hereby release and waive my rights to sue HfH, the Staff or Board of Directors of HfH, Triangle Horsemanship LLC (HfH affiliate) and the owner of the farm property, for any loss, damage, injury or death to person or property sustained by me/my child/my ward in equine or other activities by any cause whatsoever including risks inherent in equine or other activities, such as, but not limited to, (1) the propensity for equines to behave in dangerous ways which may result in injury or death to a participant or bystander, or damage to property; (2) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals; and (3) the hazards of surface or subsurface conditions, whether known or unknown, of the farm, arena, playground, or barn environment. I assume all of the foregoing risks inherent in equine and other activities and accept complete responsibility relating to those risks and any other potential risks of horseback riding, recreational equine activities, horse shows, camp, working with horses, maintenance, or volunteer activities. I feel that the possible benefits to me/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against HfH, its staff and Board of Directors, Instructors, Therapists, Aides, Volunteers, Employees, horse owners and the owner of the farm property, from and against, any and all loss, damage, injury, or death, to person or property, by whatever cause, including any act of omission. I agree to indemnify HfH, and the owner of the farm property against all claims, demands, suits, and expenses arising out of any injury to any person or damage to any property caused by my animals, attendants, or myself/my children/my wards. This waiver shall be valid until expressly revoked in writing by a legally appointed guardian or myself.

Client/Participant/Volunteer signature:

(Parents/legal guardians must sign for children under 18 or wards of the court. Both parents/guardians must sign if there is joint or shared custody.)

Date _____ Signature _____ Print Name _____

Date _____ Signature _____ Print Name _____

PHOTO/VIDEO RELEASE

I consent to and authorize the use and reproduction by Horse for Hope, Inc. of any and all photographs and any Other audiovisual or videotape materials taken of me/my child/my ward for promotional printed material, internet website, educational activities, exhibitions or for any other use for the benefit of the program.

Date _____ Signature _____ Print Name _____

Date _____ Signature _____ Print Name _____

Please note that horseback riding is contraindicated for some conditions/individuals, and HfH reserves the right to deny services to individuals based upon concerns for the applicant's safety and/or the safety of the horses, volunteers, or instructors.

For office use only

Entered by: _____

Date: _____

Notes: _____



PLEASE COMPLETE THIS SIDE IF YOU WISH TO VOLUNTEER AT ANY TIME AT HfH

POLICY OF CONFIDENTIALITY: Confidentiality is defined as “told in secret or private relations; trusted.” Any information in regards to the participants (clients) at Horses for Hope must be held in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the most basic responsibilities of our facility. Failure to abide by this policy may diminish the quality of the services we provide and result in legal ramifications. I have read and understand Horses for Hope’s Policy of Confidentiality and agree to abide by same.

DATE: _____ SIGNATURE (**volunteer** [parent or guardian-*if under 18*]): _____

DATE: _____ SIGNATURE (parent-guardian-*if under 18*): _____

*(If any volunteer is under 18 years of age, **both** parent signatures are required)*

Horses for Hope abides by Federal regulations mandating no tolerance for sexual or other illegal harassment.

Place of Employment or School: _____

Occupation: _____

Reference Name: _____ Phone: _____

Your Interests:

(A) **Riding Program Volunteer** - I am interested in being involved with horses and/or riders in the following way(s):

___ Horse Leading ___ Side-walking ___ Groom & Tack ___ Summer Camp Volunteer

(B) **Stable & Facility Maintenance Volunteer**

___ Feeding Horses ___ Stable/Field Maintenance ___ Carpentry ___ Equipment Repair ___ Cleaning Stalls & Tack

(C) **Office Volunteer**

___ Data Entry ___ Phone Chain ___ Newsletter ___ Mailings ___ Volunteer Recruitment & Appreciation

(D) **Special Events & Fundraisers Volunteer**

___ Serve on Special Events Planning Committees ___ Provide Volunteer Assistance Day of an Event

(E) **Special Skills Volunteers.** Do you have skills, hobbies or technical/professional experience that would be helpful to Horses for Hope?

___ Photography ___ Horse Show Announcing ___ Sign Language ___ Cooking/Baking ___ Public Relations
 ___ Fundraising Experience ___ Grant Writing ___ Computer ___ Other (Describe) _____

(F) **Your experience with horses is**

___ None ___ Little exposure (some lessons) ___ Lot’s of exposure (many lessons) ___ Horse owner
 ___ Very experienced (owned/trained horses and/or certified instructor)

Your Potential Volunteer Availability. This will serve as a **guideline** only. Actual participation will be arranged with the Volunteer Coordinator. Some participation levels allow more flexibility of scheduling. All Horses for Hope volunteers are just that - *volunteers* - who do not receive compensation for their time. We all have other responsibilities as well (family, work, school, etc.) - we understand that schedules often change, and we ask your understanding when our schedules occasionally change as well. With these considerations, please provide as accurate an estimate as possible when listing your days per week or hours per month available. Over-commitment can be overwhelming for everyone, but we can always use your help!

Expected available hours **per week**: _____ Expected available hours **per month**: _____

Expected days and times available (if possible):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

HORSES *for* HOPE

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM

Name: _____ Date of Birth: _____

Address: _____ City: _____ St: _____ Zip: _____

Preferred Medical Facility: _____

Physician's Name: _____ Phone: _____

Health Insurance Co.: _____ Policy # _____

Emergency Contacts:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Allergies to Medications: _____

Current Medications: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, volunteering, or while being on the property of the agency, I hereby authorize **Horses for Hope** to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client or volunteer records upon request to the authorized individual or agency involved in the medical emergency treatment.

CONSENT PLAN (Parents/legal guardians must sign for children under 18 or for wards of the court)

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Date: _____

Consent Signature: _____ Print Name: _____
(Participant/Volunteer/Staff or Parent/Guardian-if under age 18)

Phone (if different from above): _____ Address: (if different from above) _____

NON-CONSENT PLAN

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services, volunteering, or while being on the property of the agency. In the event emergency aid/treatment is required, I wish the following procedures to take place (If you choose this plan, you must fill in some specifics for the aid which you will/will not allow):

Date: _____

Non-Consent Signature: _____ Print Name: _____
(Participant/Volunteer/Staff or Parent/Guardian-if under age 18)

Phone (if different from above): _____ Address: (if different from above) _____

A copy of the completed Medical Form or Health History should be attached to this form for qualified participants.

HORSES *for* HOPE

HORSE RELATED ACTIVITIES COME WITH THIS WARNING

SECTION A. Protective Attire

1. I am hereby advised to always wear hard-soled, fully enclosed shoes or boots and socks to protect feet and long pants to protect legs while working around or interacting with horses.

SECTION B. The Nature and Physical Character of the Horse Domesticated - Well-trained horses are usually obedient, docile and affectionate. However, it is important to understand that their survival instincts are what have allowed the horse to survive from prehistoric times to the present day.

1. I am advised that horses are unpredictable by nature, with minds of their own, as are all animals both domestic and wild. The horse is often somewhat high strung or nervous by nature. Horses are extremely strong and physically powerful. Horses are extremely heavy weighing from 600 to 1300 pounds on the average. These characteristics deserve a human being's utmost respect.
2. I am advised that when a horse is frightened, angry, under stress or feels threatened, it is the horse's instinct to jump forward or sideways, to run away from danger at a trot or gallop of speeds up to 35 miles per hour.
3. I am advised that if a horse is frightened or feels threatened from behind, the horse may kick straight back, sideways in either direction or even forward with either or both hind legs with tremendous force.
4. I am advised that if a horse is frightened or feels threatened from above or from his/her back, he/she may hunch the back and buck in a way that could throw a rider to the ground with tremendous force. A fall from a horse will usually be from a height of 3 to 6 feet.
5. I am advised that if a horse is frightened or feels threatened from the front, the natural reaction may be to rear up with both front legs, strike with one or both front legs, bite with teeth, throw the head up or from side to side, or run directly over whatever he/she fears in front of him/her.
6. I am advised that a human must always approach a horse calmly and quietly with caution, preferably to the horse's shoulder or lower neck, talking soothingly to the horse.
7. I am advised that loud and/or sudden unexpected movements, dropping of objects near a horse, approaching vehicles or animals or people, ill-fitting equipment or physical pain can provoke a domesticated horse to react according to natural, protective instincts.
8. I am advised that the first signs of anger or fear in a horse are the sudden tensing of the muscles of the body, possibly laying the ears flat back against the head, or quickly tossing or raising the head, or sudden snorting through the nostrils accompanying at least one other warning sign.
9. I am advised that a horse can see independently with each eye, actually looking in one direction with one eye and another direction with the other eye. The horse can also focus both eyes on one object somewhere in front of him/her. Typically the direction the ear is pointing will tell an observer where the eye is looking on the same side.
10. I am advised that a horse has two blind areas around which he/she cannot see. Those areas are directly behind the horse and directly in front. When a horse has his/her head lowered to the ground, the spot directly at the end of the nostrils is a blind area. This is the reason it is best to approach a horse close to the shoulder, and never to surprise a horse from the rear, or to reach first for the horse's mouth.
11. I am advised that while a horse is very sure-footed by nature, horses may accidentally step on an object such as a human's foot when the horse is balancing or turning around. When a horse is worked on unstable ground or slippery grass or footing, the horse could fall down injuring the horse, rider and /or handler.

“WARNING - Under North Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.”

I have read and do understand the above warnings concerning equine activities, protective attire and the nature and physical character of the horse.

Participant/Volunteer Signature

Date

Parent/Guardian Signature
(if participant/volunteer is under age 18)

Date

Type or Print Participant/Volunteer name

Type or Print Parent/Guardian name

HORSES *for* HOPE

Rules

Horses for Hope, (HfH), is a multiuse, family-friendly equestrian center. *Safety is paramount.* With this in mind, all participants, volunteers, staff and visitors will adhere to the following rules and guidelines:

1. **NO OPEN SHOES ALLOWED** – No one is allowed through the walk-thru gate with open-toed shoes, open-heeled shoes, or hole(s) of any kind in the shoes – this applies to EVERYONE, including riders, siblings, parents, visitors, etc., so please inform your guests before they come onto HfH property. **THIS IS A SAFETY REQUIREMENT!**
2. **ALL RIDERS MUST WEAR FLAT, HARD-SOLED SHOES OR BOOTS WITH AT LEAST A ½ INCH HEEL**
3. **SIGN IN** – Volunteers must sign in with the date and time of arrival on the sign-in sheet and sign out when leaving. This includes Visitors, Boarders, and Volunteer participants. *There are several people who use this facility. We are open to the road so if anything seems amiss, make a note of it so that we can take appropriate steps to prevent theft or damage to the property.*
4. **NO “BORROWING”** – Do not use any tack items that are not yours personally. Those participating in the HfH Program may use the HfH items designated for the particular horse you are working with.
5. **NO BURNING** – No burning or open flame within 150 feet of the barns and surrounding structures and trees.
6. **NO SMOKING or ‘VAPING’ ON HfH PREMISES** – This is **AN INSURANCE REQUIREMENT**. Smoking is not allowed on any part of HfH property. Please be sure you inform any guests you may bring/invite to watch or observe HfH activities.
7. **DO NOT HANDLE ANY HORSE AT ANY TIME UNTIL YOU HAVE BEEN CERTIFIED BY HfH** – You may obtain a ground certification after being trained and passing an HfH “Ground Work” test administered by HfH Staff.
8. **ONLY HANDLE HORSES USING THE “BUDDY SYSTEM”** – Always handle horses in groups of 2 to 3 people. ALL members of the group must be ground certified or an approved student in a HfH lesson program.
9. **DO NOT FEED ANY HORSE** – Only HfH approved feeders are to feed horses at their scheduled time. Due to the number of folks that are present at our facility each week and for the health and well-being of our horses, we do not allow feeding of treats directly to the horses. If you would like your horse to have a treat, a staff member can assist you with putting the treat in your horse’s nightly feed bag.
10. **DO NOT RIDE UNLESS YOU ARE UNDER THE SUPERVISION OF AN INSTRUCTOR** – You must be enrolled in a HfH lesson program to be able to ride and must ONLY ride while under an instructors supervision.
11. **PHONE READY** – While HfH staff members have cell phones ready in case of an emergency, if possible, have your own cell phone ready too in case of an emergency. After calling the authorities (or ambulance, 911, etc.), then place a call to the HfH emergency contact (see posted list). **Cell phone usage or videoing is NOT allowed during lessons, while working with horses, or handling horses.**
12. **NO WEAPONS ALLOWED** – No displayed or concealed weapons (guns, knives, etc.) are permitted on the premises!
13. **FAMILY ENVIRONMENT** – We are a family-friendly organization that has a few do’s and don’ts:
 - a. **DO HELP** each other out.
 - b. **DO PUT THINGS BACK** where you found them.
 - c. **DO ACT KINDLY** to one another (horse or human).
 - d. **DON’T USE PROFANITY** (especially around young children).
 - e. **DON’T SET FOOT ON ANY HfH PROPERTY WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS** nor bring any alcohol or drugs onto the premises.
 - f. **DON’T RIDE OR BE ON THE MINI HORSES BACKS** in any way ever.

I, _____, have read and do understand the Horses for Hope (HfH) rules stated above. I will obey these rules and any other rules posted at HfH facilities whenever I attend, participate, volunteer, and/or work at HfH. My signature indicates that I will abide by these rules throughout my time with Horses for Hope. Failure to do so, can result in the termination of my privilege of volunteering, participating, boarding, and/or visiting this equestrian center as deemed necessary by the Board and President of HfH.

Signature (parent)

Date

Signature (participant)

Date