

**HEROES ON HORSEBACK
BLUFFTON, SC 29910**

Phone: (843) 757-5607 Fax: (866) 292-0834

Authorization for Emergency Medical Treatment

Participant Staff Volunteer

Name: _____ Date of Birth: _____

Address: _____ Phone #: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize HEROES ON HORSEBACK to:

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

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(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of center staff

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 or while being on the property of the agency.

In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Non-Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of center staff

HOH Volunteer/Staff Information

Volunteer Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Employer/School: _____ Are you a Sun City Resident? _____

Are you a full time resident? _____ If not, which months are you away? _____

Date of Birth _____ How did you learn about HOH? _____

May we add you to the HOH volunteer information email list? Yes No

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes.

Can you: Lift 50 – 75 Lbs.? _____ If not, how much can you lift comfortably? _____

Can you: Walk briskly for 50 minutes? _____ Jog for 10 minutes? _____

Which day/s of the week would you be available? _____

Check which activities you are interested in:

___ Horse Leader ___ Data Entry ___ Volunteer Coordination

___ Sidewalker ___ Cleaning tack ___ Board of Directors

___ Stable help ___ Fundraising/event planning ___ Instructor**

___ Facility Maintenance ___ Publicity/Marketing ___ Newsletter

___ Horse Show ___ Telephone Calls ___ Photography/video

Please list prior experience with horses and/or special needs children:

HOH Volunteer/Staff Information

Page 2

Photo Release

I _____ DO Consent Signature: _____ Date: _____

I _____ DO NOT Consent Signature: _____ Date: _____

to and authorize the use and reproduction by **HEROES ON HORSEBACK** of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Background Information

Do you have a current driver's license? _____ Y _____ N

LICENSE NUMBER _____ STATE _____ EXPIRATION DATE _____

Have you ever been charged with or convicted of a crime?

_____ NO

_____ YES Please explain: _____

I, _____ (volunteer/staff), authorize **HEROES ON HORSEBACK** to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly **DO NOT** authorize **HEROES ON HORSEBACK**, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signature: _____ Date: _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at **HEROES ON HORSEBACK** is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

Signature: _____ Date: _____



HEROES ON HORSEBACK
Bluffton, South Carolina
Phone (843) 757-5607

GENERAL ACTIVITY RELEASE, ASSUMPTION OF RISK and WAIVER OF LIABILITY AGREEMENT

This document waives important legal rights. Read it carefully before signing.

I **AGREE** for myself and/or my child, and/or my/our administrators and assigns, in consideration for my and/or my child's, participation in Heroes on Horseback activity to the following:

I **AGREE** that I choose to participate voluntarily in Heroes on Horseback activities as a rider, handler or spectator. I am fully aware and acknowledge that horse sports and Heroes on Horseback activities involve inherent dangerous risks of accident, loss, and serious bodily injury including, but not limited to, broken bones, head injuries, trauma, pain, suffering or death ("Harm"). I fully understand that this release covers, but is not limited to, inherent risks of an equine activity which mean a danger or condition that is an integral part of an equine activity, including but not limited to, any of the following:

- The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- Hazards, including, but not limited to, surface or subsurface conditions;
- A collision with another equine, another animal, a person, or an object;
- The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I **AGREE** that I/my child/my ward would like to participate in the Heroes on Horseback program. I acknowledge the risks and potential risks, however, 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 Heroes on Horseback, its Board of Directors, instructors, therapists, aides, volunteers, employees, MindStream Academy, LLC and affiliated organizations for any and all injuries and/or losses I and/or my child may sustain while participating in the Heroes on Horseback program including activities occurring outside of the scope of the program itself, including, but not limited to transportation, care giving, horse exercising etc.

By signing below, I **ACKNOWLEDGE** that I enter into this release after having read the same, and place my signature hereto of my own free voluntary act and deed. By signing below, I represent to Heroes on Horseback that I fully understand its contents, that I do not need any further explanation, and I waive any further explanation.

I **AGREE** to assume all risks of Harm to me and/or my child, and **specifically agree to the SOUTH CAROLINA LIABILITY LAW** regarding equine/ farm animal activity liability: **Under South Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, Pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.**

ACCEPTED BY: (if under the age of 18 years old, there must be a legal guardian signature below)

VOLUNTEER Signature / Legal Guardian Signature(s):	PARTICIPANT Signature / Legal Guardian Signature(s):
Print Volunteer Name / Legal Guardian Name(s):	Print Participant Signature / Legal Guardian Signature(s):
DATE:	DATE: