

Authorization for Emergency Medical Treatment

**HEROES ON HORSEBACK
BLUFFTON, SC 29910
(843) 757-5607**

Name: _____

Allergies: _____

Medications: _____

Primary Care Physician: _____ Phone: _____

Medical Insurance Provider: _____ Policy # _____

Consent Plan: In the event emergency medical aid and or treatment is required due to illness, injury or accident during the process of participating in activities at HOH or at off site activities sponsored by HOH, I authorize HOH personnel to secure and retain medical treatment and transportation if needed for myself or for my minor child or ward, _____ (print legibly).

Authorization includes x-rays, hospitalization, medication and any treatment procedure deemed necessary by the physician or emergency medical personnel. I understand that the paid staff at HOH is CPR and First Aid Certified, but will defer to emergency medical professionals in any circumstance other than minor illness, injury or accident.

Signed: _____ Date: _____

If for minor or ward, that person's name: _____

Emergency Contact: _____ Home phone: _____

Work Phone: _____ Cell Phone: _____

Alternate Contact: _____ Home phone: _____

Work Phone: _____ Cell Phone: _____

Heroes on Horseback Photo Release

I consent to and authorize the use and reproduction by HOH of any and all photographs and any other audio-visual materials bearing my image for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Name: _____ (print legibly)

Signature: _____ Date: _____

For minor or ward: _____ (print legibly)

Agreement of Confidentiality

As a participant in activities at HOH Equine Assisted Therapy, I agree to hold in strict confidence those names, all medical, social, referral, personnel, and financial information regarding clients, staff, volunteers or any and all participants at HOH at any time and in any capacity. Additionally, I agree that this confidentiality agreement extends to Tulifinny Preserve of the Lowcountry, their staff, clients and associates. I agree to the above stipulations regarding confidentiality, and further understand that violating this agreement in any way may result in the termination of my association with HOH, and possible criminal charges.

Name: _____ (print legibly)

Signature: _____ Date: _____

For Minor or ward: _____ (print legibly)

Background Information

Have you ever been charged with or convicted of a crime, including sex-related or child-abuse related offenses?

Yes No If Yes, please explain: _____

CURRENT DRIVERS LICENSE: Yes No LICENSE NO. _____ STATE: _____

Volunteer Pledge

As a volunteer at HOH, I agree to follow the rules and guidelines in this or any following editions of the HOH Volunteer Handbook. I have read or have had the Volunteer Handbook explained to me, and I will keep the current edition for reference. I will attend continuing education training/volunteer classes once a year (or more often if required by HOH) throughout my volunteer service to HOH. I understand that violating the rules and guidelines at HOH may result in my dismissal from the program. If my contact information changes, I will notify the HOH staff as soon as possible. I understand that the staff at HOH, including instructors and administrators, is in control of the activities that I participate in at HOH and I will follow their direction. I understand that from time to time the guidelines or rules may change and that it is the responsibility of the staff at HOH to inform me of those changes and provide me with those changes in a timely manner.

Name: _____ (print legibly)

Signature: _____ Date: _____

For Minor or Ward: _____ (print legibly)

HOH Staffing Information for Volunteers

Volunteer Name: _____

Address: _____

City/State/Zip: _____

Home Telephone: _____ Work: _____

Cell Phone: _____ Email: _____

Employer/School: _____

Date of Birth _____ How did you learn about HOH _____

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

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

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

What hours are you available? Please check the times that you are available to work

	Sunday	Monday	Tuesday	Wed	Thurs	Friday	Sat
7 AM							
8 AM							
9 AM							
10 AM							
11 AM							
12 PM							
1 PM							
2 PM							
3 PM							
4 PM							
5 PM							
6 PM							
Other?							

HOH is closed for sessions on Sundays

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

** For more information, see the Director about requirements



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, my/our administrators and assigns, in consideration for my, and/or my child's, participation in Heroes on Horseback activity of 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, it's Board of Directors, instructors, therapists, aides, volunteers, employees, Tulifinny Preserve of the Lowcountry and affiliated organizations for any and all injuries and/or losses I 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)

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