



Volunteer Health History
Good Hope Equestrian Training Center, Inc.
"Where Horses Enrich Lives"

1. Date of Last Tetanus Shot: _____

Date of last Physical Exam: _____

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program (For example, currently pregnant, weak due to change in diet, problem with left knee due to a recent fall)

Allergies: _____

Medications: _____

Have you ever been injured?

_____ yes _____ no

Please describe in the box below.

Nature of Injury	Year	Cause of Injury
1.		
2.		

2. At anytime during your life, have you been hospitalized or had to undergo surgery for any reason?

Reason for Hospitalization/Surgery	Year	Precautions from physician
1.		
2.		

3. Please check if you have any of the following pre-existing medical conditions:

Rheumatism or Arthritis Asthma Hernia Knee Problems

Back Trouble Diabetes Kidney Trouble Allergies Tuberculosis

Lung Disease Defective Hearing High Blood Pressure Epilepsy

Confidentiality Agreement

I understand that all information (written and verbal) about participants at the Good Hope Equestrian Training Center, Inc. is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor. **Signature:** _____

Volunteer (if 18 years or older), Parent or Legal Guardian)



**Volunteer Authorization for
Emergency Medical Treatment Form**
"Where Horses Enrich Lives"

Name: _____ DOB: _____ Phone #: _____
 Address: _____
 Physician's Name: _____ Preferred Medical Facility: _____
 Health Insurance Company: _____ Policy #: _____
 Allergies to medications: _____
 Current Medications: _____

In the event of an emergency, contact:

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

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 **Good Hope Equestrian Training Center, Inc.** 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.

Consent Plan

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

Non-Consent Plan

I do not give 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.

- Parent of legal guardian will remain on site at all times during equine assisted activities
 In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Consent Signature: _____
 Client, Parent or Legal Guardian



Volunteer/Visitor/Spectator
Equine Activity Release
Good Hope Equestrian Training Center
"Where Horses Enrich Lives"

This Volunteer/Visitor/Spectator Equine Activity Liability Release, Waiver of Right to Sue and Assumption of All Risks Agreement ("the Agreement") is hereby given by _____ on his/her own behalf as a volunteer, visitor or spectator, AND/OR as the parent or guardian of the above named minor _____ who is a volunteer, visitor, spectator in or to any program, activity or event taking place under the sponsorship of or at the facilities of Good Hope Equestrian Training Center, Inc.

Equine Activity Sponsor: GOOD HOPE EQUESTRIAN TRAINING CENTER, INC., a Florida not-for-profit corporation (referred to herein as "Sponsor") located at 22155 SW 147th Avenue, Miami, Florida. For the purposes of this RELEASE, the term Sponsor shall include the Sponsor, its directors, officers, shareholders, employees, independent contractors, volunteers, agents and Sponsor's subsidiaries and parent entities.

In consideration of the rights, privileges and benefits to me derived from participating in Sponsor's equine activities, which Participant believes outweigh the potential assumed risks, Participant agrees as follows: Participant hereby waives, releases and indemnifies (including all attorneys fees and costs) Sponsor forever from any and all claims of liability that may in the future arise from participating in Sponsor's equine activities, including but not limited to riding, grooming, handling or otherwise interacting with horses, whether on or off Sponsor's premises. The Sponsor shall not be liable for any injuries to, or the death of Participant resulting from the inherent risks of equine activities, and except as provided in Florida Statutes Section 773.03, Participant shall not have any claim against or recover from Sponsor for injury, loss, damage, or death of Participant resulting from any of the inherent risks of equine activities.

WARNING

UNDER FLORIDA 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 FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. [FLORIDA STATUTE SECTION 773.04 (2)].

Participant understands that "inherent risks" of equine activities means those dangers which are an integral part of equine activities, including but not limited to: (a) the propensity of equines to behave in ways that may result in injury, harm or death to persons on or around them; (b) the unpredictability of an equine's reaction to such things, sounds, sudden movement, and unfamiliar objects, persons on or around them; (c) certain hazards such as surface and subsurface conditions; (d) collisions with other equines or objects; (e) the potential of the Participant or other participants to act in a negligent manner that may contribute to injury to the Participant or others, such as failing to maintain control over the animal or not acting within his or her ability.



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Participant represents that Participant has the sufficient skills and ability to safely manage the particular equine activities, in which Participant has now, or may in the future voluntarily, chose to participate. This RELEASE shall cover all incidents arising at anytime throughout the duration of the equine activities, and shall remain in full force and effect from the date of this RELEASE forever.

Dated this ____ day of _____, 20 ____

Participant

I acknowledge that I am of legal age and capacity to enter into this RELEASE.

Signature of Parent/Legal Guardian

PHOTO RELEASE

Further, Participant consents to and authorizes the reproduction and use by Sponsor of any and all photographs and any other audio-visual materials taken of Participants for promotional materials, new publications, educational activities, exhibitions or for any other use for the benefit of the program.

I have read and understand this RELEASE and voluntarily agree to be legally bound to its terms and conditions.

Participant

I acknowledge that I am of legal age and capacity to enter into this RELEASE.

Signature of Parent/Legal Guardian

Signature of Sponsor