



HOPE HORSES
INC

1301 Convent Road NE, Cullman, AL 35055,
Phone: 256-841-6290 or 256-507-4088 Email:krice@hopehorsesinc.com

Camp Application

To be completed by the adult participant, participant's parent, or participant's legal representative.

GENERAL INFORMATION

Participant's Name: _____ Birth date: _____
Height: _____ Weight: _____ Gender: M F
Address: _____
Home Phone: _____ Other Phone: _____ E-mail: _____

Parent/Caregiver Name(s) and Phone Number(s), if under age 18 or dependent adult:

Emergency Contact (Name and Phone number): _____

Employer/School/Group (Name and Phone number): _____

How did you hear about the Hope Horses Program? _____

HEALTH HISTORY

Please list any and all allergies or physical conditions that may affect your child during the time, which his or she is participating: (easily fatigued, asthma or other breathing issues, allergic to bee stings, knee, hip or back pain or weakness, any major surgeries or conditions that EMS would need to be notified of in the event of an emergency)

Allergies: _____

Food Allergies: _____

Medications (List all medications you are currently taking. Include prescription and OTC medications.)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

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 Hope Horses, 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.

Parent/Guardian/Participant Signature

Date

PHOTOGRAPHY CONSENT/NON-CONSENT

Hope Horses, Inc. often takes still pictures and/or videos of students, clients, volunteers and instructors. This is done for several reasons. Rider progress and acquisition of skills provide instructors and clients with necessary information and positive feedback. Photos/videos are also used in brochures, presentations, posters, and on our website for publicity. They are also occasionally provided to students for keepsakes.

Please check one of the boxes below to indicate your preference for photograph/video of you/your child for the aforementioned purposes.

- Consent
 Do Not Consent

Consent: I, (name) _____, give consent to Hope to take still and/or video photographs of myself, or the individual for which I am legally responsible.

Participant/Parent/Guardian/Caregiver Signature

Date

Hope Horses, Inc. Executive Director Signature

Date

Release of Liability

To be completed by the participant or participant's parent, or participant's legal representative if under the age of 18.

This release of liability is made and entered into on this date _____, by and between Hope Horses, Inc. hereinafter known as HOPE, and staff/participant/volunteer (print name) _____, hereinafter known as participant, and (if a minor or incompetent adult) participant's parent, legal guardian, or legal representative (print name) _____. In return for participation in HOPE's therapeutic horseback riding activities, special events and fundraisers, the participant, his/her heirs, assigns, and legal representatives hereby expressly agree to the following:

1. Participant agrees to assume any and all risks involved in or arising from participant's participation or presence upon the property and facilities, including, without limitation, but not limited to the risks of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses, or stationary objects, fire or explosion, the unavailability of emergency medical care, or the negligence or deliberate act of another person.
2. Participant agrees to hold Hope and all of its successors, assigns, subsidiaries, franchisee, affiliates, officers, directors, employees, agents, and boarders completely harmless and not liable and release them from all liability whatsoever and agrees not to sue them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of participant's participation and/or presence upon HOPE's property and facilities, including without limitation, those based on death, bodily injury, property damage, including consequential damages, except if the damages are caused by the direct willful and wanton negligence of HOPE.
3. Participant agrees to waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material, or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release.
4. Participant agrees to indemnify and defend Hope against, and hold it harmless from, any and all claims, causes of action, damages, judgments, costs, or expenses, including attorney's fees, which in any way arise from participant's participation and/or presence upon HOPE's property or facilities.
5. This contract is non-assignable and non-transferable and is made and entered into the State of Alabama and shall be enforced and interpreted under the laws of this state. Should there be any clause in conflict with State Law, then that clause is null and void. When Hope and participant or participant's parent, legal guardian, or adult caregiver signs this contract, it will then be binding on both parties, subject to the above terms and conditions.

WARNING: Under Alabama 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, pursuant to the Equine Activities Liability Protection Act.

Participant (Parent/ Legal Guardian/Legal Representative if under 19 years of age)

Signature _____ Date _____

Hope Representative

Signature _____ Date _____

Hope Office Use Only

Signatures required: (√ when verified)

Authorization for Emergency Medical Treatment _____

Photography Consent _____

Release of Liability _____

Hope Representative Signature _____