



# Horsin' Around

Equine-Assisted Therapies for Special Needs Individuals

501(c)3 Non-Profit Organization 56-2286412

PO Box 13524, Savannah, GA 31416

2875 A Fort Argyle Rd, Bloomingdale, GA 31302

[www.horsinaround.org](http://www.horsinaround.org) / [horsinaroundgeorgia@gmail.com](mailto:horsinaroundgeorgia@gmail.com) / 912-748-7917



## Volunteer/Staff Information and Health History

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alternative #: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Last Tetanus Shot: (recommended every 10 yrs): \_\_\_\_\_

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. You will need to walk with arms raised supporting rider for 30 minute rides as well as bend and stretch to play. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Participant, Parent or Legal Guardian*

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



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## PHOTO RELEASE

I DO / DO NOT consent to and authorize the use and reproduction by Horsin' Around 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Participant, Parent or Legal Guardian*

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) about participants at Horsin' Around is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in the case of a minor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Participant, Parent or Legal Guardian*

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

We currently use the Remind app for the majority of communications. This app sends a text to the recipient's cell phone. This counts as any other text on your phone plan. This is used for information regarding riding, fundraisers, and any other useful communication. Using this app not only streamlines our job, it also hides your number on our phone in case it were lost or stolen. What phone number would you like for us to use for these communications?

Cell # : \_\_\_\_\_



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## Authorization for Emergency Medical Treatment Form

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: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ 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 Horsin' Around 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

### 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 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 procedures to take place:

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
(Client, Parent or Legal Guardian)



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## **Release of Liability & Hold Harmless Agreement Acknowledgement of Risk & Acceptance of Responsibility**

I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors. Knowing of the inherent risk, danger and rights involved in the activities, I certify that myself and my family, including any minor children, are fully capable of participating in the activities.

I assume full responsibility of my family, visitors, invitees and myself, including any minor children, for bodily injury, death, loss of personal property and expenses thereof.

This a a release, hold harmless and indemnification of the undersigned in favor of Horsin' Around, Inc. and/or their staff, agents, family, volunteers, and employees shall constitute the best evidence of my agreement of offered as evidence in any court proceeding.

I, \_\_\_\_\_, have read and understand fully the agreement above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Waiver and Release of Liability and Hold Harmless Agreement

### Acknowledgement and Assumption of Risk and Acceptance of Responsibility

WARNING: UNDER GEORGIA 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 CHAPTER 12 OF TITLE 4 OF THE OFFICIAL CODE OF GEORGIA ANNOTATED.

In consideration for myself, my children and/or other minors for whom I have legal responsibility (my children and such other minors are collectively referred to herein as "my children") being permitted to volunteer with or otherwise participate in the recreational and/or therapeutic horseback riding programs, services, lessons, trail rides and/or other equine activities (the "Programs") provided by and through Horsin' Around, Inc, as well as my and/or my children's use of any equipment, property (real or personal) or facilities owned or provided by Horsin' Around and/or by any private landowner(s) who permit Horsin' Around to use their property, which consists of pastoral, rugged land, in connection with the Programs (the "Landowners") (Horsin' Around and the Landowners are collectively referred to herein as the "Releasees"), I agree as follows:

I understand and acknowledge that there are inherent risks, hazards and dangers associated with equine activities, which include, but are not limited to, the risk of serious bodily injury, disability, or death resulting from kicks, bites, or other physical contact with horses; falling off of a horse; being thrown from a horse; having a horse fall on, step on, or run into a rider or other program participant; being dragged by a horse if one's foot/hand/limb gets caught in the stirrups or other tack/riding equipment; failure or breakage of tack/riding equipment; and/or collision with other horses, riders, program participants, trees, buildings, structures, vehicles, and/or other objects. I understand and acknowledge that these risks may arise from foreseeable or unforeseeable circumstances, and may arise from negligence of owners, officers, employees, instructors, therapists, volunteers, or agents of the Releasees; the negligence of other riders or program participants; the negligence of other persons or parties not affiliated with the Releasees; accidents; breaches of contract; the forces of nature and/or other causes.

Although I am aware of and fully appreciate these risks, I believe that the potential benefits that myself, my family and/or my children may obtain from participating in the Programs are greater than the risks and potential risks assumed. by and through my or my children's participation in the Programs, I hereby assume all risks and dangers of, and accept all responsibility for, any and all injuries, disabilities, death, loss or damage which arise out of or relate in any way to my or my children's participation in the Programs, and/or my children's use of any equipment, property (real or personal) or facilities owned or provided by the Releasees in connection with the Programs, whether causes in whole or part by the negligence of the owners, officers, employees, instructors, therapists, volunteers, or agents of the Releasees or by any other person or entity.

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Pursuant to such assumptions of risk, I, on behalf of myself, my family members, my children, and our respective personal representatives, heirs, administrators, executors, successors or assigns, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the Releasees and their respective owners, officers, employees, instructors, therapists, volunteers, or agents from and against any and all past, present and future claims, actions, causes of action, suits, demands and damages for bodily/personal injury, wrongful death, loss of services or other claims or causes of action, arising out of or relating in any way to my or my children's participation in the Programs, and/or my or my children's use of any equipment, property (real or personal) or facilities owned or provided by the Releasees in connection with the Programs. Additionally, I, on behalf of myself, my family members, my children, and our respective personal representatives, heirs, administrators, executors, successors or assigns, agree and covenant not to sue the Releasees for any past, present and future claims, actions, causes of action, suits, demands and damages for bodily/personal injury, wrongful death, loss of service or other claims or causes of action, arising out of or relating in any way to my or my children's participation in the Programs, and/or my or my children's use of any equipment, property (real or personal) or facilities owned or provided by the Releasees in connection with the Programs.

**I acknowledge and understand that Horsin' Around requires all riders/participants to wear a helmet when participating in the Programs.** \_\_\_\_\_ (initials of participant/guardians)

I acknowledge that I have read this Waiver and Release of Liability and Hold Harmless Agreement, I fully understand its terms, I understand that I have given up substantial rights by signing it, and I sign it freely and voluntarily without any inducement, undue influence or duress.

Date: \_\_\_\_\_

Print Name of Participant: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_  
(if participant is 18 years old or older)

Signature of Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(if participant is less than 18 years old)

Signature of Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(if participant is less than 18 years old)

**\*\*\* Please note that all parents/legal guardians must sign the Waiver and Release of Liability and Hold Harmless Agreement**