

# Hope 'N Horses Volunteer Registration Form

## Volunteer Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Drivers License Number \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

Personal Phone: \_\_\_\_\_

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

Emergency Contact Name and Phone

Number: \_\_\_\_\_

Physicians Name and Phone

Number: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Please describe your experience, if any, with horses:

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How did you learn about our facility?:

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I have another idea for my involvement! Let me explain: \_\_\_\_\_

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Availability (please indicate/circle which day and hours during the day you are available):

Monday Specific hours of availability: \_\_\_\_\_

Tuesday Specific hours of availability: \_\_\_\_\_

Wednesday Specific hours of availability: \_\_\_\_\_

Thursday Specific hours of availability: \_\_\_\_\_

Friday Specific hours of availability: \_\_\_\_\_

Saturday Specific hours of availability: \_\_\_\_\_

Sunday Specific hours of availability: \_\_\_\_\_

Any Physical Limitations? \_\_\_\_\_

Can you work for 60 minutes and jog short distances?: \_\_\_\_\_

Are you a veteran?: \_\_\_\_\_

Do you have any special needs or require special accommodations?: \_\_\_\_\_

Allergies to Bee Stings, Foods, Medications, Latex, etc.?: \_\_\_\_\_

Please be aware that we have stinging insects (e.g. bees and wasps) and heavy dust in the area (enter none if no allergies).

Any life-threatening allergies?: \* \_\_\_\_\_

Do you have any prior criminal charges, criminal arrests, or convictions? Please explain \_\_\_\_\_

Please list two personal or professional references we could contact to vouch for you character/experience: \_\_\_\_\_

**Medical Emergency Release:**

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, volunteering, or while being on the property, I give authorization to secure and retain medical treatment and transportation, if needed, for me or my minor participant. I further give authorization to release my information records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-ray and imaging, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the emergency contact person(s) above is unable to be reached.

**Medical Emergency Authorization:** \* \_\_\_\_\_

**Other Instructions for Medical Emergency Authorization:**

\_\_\_\_\_

**Multi-Media Release:**

Opportunities sometimes arise for our facility to spotlight participants in our marketing publications. In addition, we are sometimes contacted by the media to do feature stories about specific programs, classes or activities. When these opportunities occur, the publications may include images (scanned photograph, digital photograph, video) or information regarding the participant's participation in the program or activity being spotlighted. I agree that images of me or of my minor participant, may be used for promotional purposes, educational purposes, exhibitions or for any other use for the benefit of our programs.

**Multi-Media Authorization:** \* \_\_\_\_\_

**Liability Release:**

I would like to participate in equine facilitated learning programs. I acknowledge the many and serious risks and potential risks associated with horse activities. However, I feel that the possible benefits to myself are greater than the risks assumed. As a condition of participation, I hereby, intend to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Hope 'N Horses, their Directors, Officers, Instructors, Therapists, Aides, Volunteers, horse owners for any and all injuries and/or losses I/my horse may sustain while participating in the horse related activities, except for injuries or losses caused intentionally or by willful or wanton disregard for safety.

**Liability Release Authorization Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Background Check Release:**

I fully understand that all volunteers are subject to a criminal/social/financial background check to determine their suitability and safety working with animals, and individuals with disabilities. I fully release Hope 'N Horses to conduct whatever background check necessary to determine my eligibility as a volunteer.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby agree to the policies, releases, and permissions listed above and I certify that the information contained herein is correct.

Name of Client: \_\_\_\_\_ **Date** \_\_\_\_\_

**There are no restrooms/bathrooms at Fletcher Ranch.**

**There is a gas station in Palisade before you head up the hill to Fletcher Ranch.**

**Please plan accordingly.**

## CONFIDENTIALITY POLICY AND AGREEMENT

Because our facility offers services that fall under health care regulations and laws (collectively known as “HIPPA”), it is important that we maintain an atmosphere of confidentiality that includes all clients of these services. Breaching any of these policies could result in fines or legal action towards you or the facility.

1. Do not discuss any client information, case information, or identifying information outside of the facility. This includes the fact that the client is receiving services, the type of services being received, any identifying information of the client, or any details of the care being given. Even general discussion with no specific details is a breach of confidentiality, as enough information may be given for the listener to identify the client.
2. Client information may be discussed at the facility only with others involved in the case and only for purposes of treatment planning, supervision, or case management. It should not be discussed with others not involved in client care or for general discussion purposes.
3. Absolutely no identifying information of a client should be carried or given outside of the facility. This includes client pictures, names, birthdates, address, phone numbers, or social security numbers. Do not leave the facility with these items, store these on any electronic device that is leaving the facility, post these on any form of social media, or give them out to others. This includes other professionals unless a release form has been signed by the client.
4. Never talk to the media or any unidentified source about any former or current client. Even if a case is made public through the news media, our legal responsibility for confidentiality continues.
5. All client information must be stored according to HIPPA guidelines, on a locked computer or in a locked filing cabinet. Never leave legally protected information lying around the facility. Do not post or say client names, even first names, around the facility or on notes that are accessible to all. When information is disposed of, it must be shredded, not placed in the trash.
6. If you see client information or a client on site that you know, you **must** protect their privacy. Do not tell others that you saw them at the facility or you know they are receiving services.

I have read and understand the confidentiality policy. I agree to follow this policy, and understand that a failure to do so could result in dismissal from the facility as well as fines or legal action:

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

## **Social Media and Facebook Policy**

For the sake of everyone involved please do not post anything negative on social media.

-We love having positive pictures and experiences posted on facebook or social media. You can email them to us, or post on our facebook wall. If your picture includes other people, please ask their permission before posting.

-If you have any questions or confusion, please ask.

I have read and understand the Facebook, Twitter ect./ and Social Media Policy and discussed them with a facility leader. I understand that a failure to comply with these policies may result in a loss of privileges at the facility.

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

## **Ranch Rules and Safety Guidelines**

The following are rules and safety guidelines we implement at our ranch for the safety of everyone involved. We want everybody to feel comfortable and have a good time, and this can only happen in a safe environment. Please read the rules carefully and follow them at all times. If you have any questions about what is ok, it is always a good idea to ask beforehand.

### **Ranch Rules:**

Be kind and respectful to everyone at all times. (both animals and people)

If you have a problem with somebody, please seek to heal it, and resolve the issue.

### **Safety Guidelines:**

You may walk around and pet the horses, but please don't enter the horse pens unless you have instructor permission.

**Do not** feed the horses unless an instructor has told you to do so.

All riders must wear helmets.

Only tie horses where instructed and as instructed.

## **Horse Handling Philosophies and Procedures**

Because of the number of volunteers we have involved in our mission, our horses have to learn to be handled by a variety of people. Our horses are a crucial part of our team and all that we do; therefore, it is important that we all be on the same page with how we handle them and how we are around them. The following are some guidelines that we ask of all of our horse handlers, clientel, and helpers, to create an environment that is safe and beneficial for everyone involved, including the horses:

-Please be aware that horses are very sensitive to human emotions, they will likely make you aware of during your interactions with them! It is okay to be around horses when you are feeling anxious, upset, stressed, or frustrated, but you need to be aware of how your emotions effect the horse. Take a moment to check in with yourself before entering the horse pen or stall, and know how you are feeling.

-If you find yourself feeling excessively frustrated, angry, nervous, scared, etc, while handling a horse, step away for a moment and talk to someone who can help you. If you are in the middle of a session, alert the coach. Don't take feelings out on the horse or on the people around you.

-Our horses thrive on praise, so praise them liberally and tell them good things about themselves and what they are doing.

-Feel free to talk to the horse you are handling either out loud or mentally. Even if they can't understand exactly what you are saying, research shows that this helps them be more in-sync with us and more understanding about what is going on around them.

-Please don't be impatient or in a hurry when doing something with a horse. There is no time schedule that is more important than the overall experience of being fully present in the moment and able to take the time needed for the task at hand. Take your time, be present with the horse, and fully aware of what you are doing.

-In general, if you take the time to think about and improve the horse's experience with the session, it will likely improve everyone's experience. Remember, we want everyone including the horse leaving the session feeling good about what they have achieved and looking forward to the next one.

**Some basic rules for horse handling:**

Don't tie horses directly in front of parked vehicles. Do not tie horses to panels or fencing.

Do not tie anywhere else unless an instructor has told you to.

Horses can be given treats with permission using proper methods. ex: apples, sugar cubes, carrots. Horses are not allowed to be pushy or nibbly when getting treats, and if they start this behavior you should discontinue giving treats.

Please make sure all gates are securely closed and clipped when you put the horse away.

People always walk through gates first. Please do not let horses drag you through a gate or walk in front of you through a gate

I have read all of the horse handling philosophies and guidelines. I agree to follow these to the best of my abilities.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Once this packet and waiver are completed or you have questions please reach out to us.**

JJ Fletcher      [jjforcolorado@gmail.com](mailto:jjforcolorado@gmail.com)      970-260-7881

Heather Aspy      [aspyheather@gmail.com](mailto:aspyheather@gmail.com)      970-822-2442



**RELEASE AND WAIVER OF LIABILITY**

**Hope 'N Horses 631 Aldrea Vista Ct. Palisade, Co 81526**

In consideration for being permitted to participate in volunteer/rider activities, I hereby agree to the following:

**(initial each paragraph):**

\_\_\_\_\_ **Volunteer Definition.** I understand that as a volunteer I will not be financially or otherwise reimbursed for any work duties performed. I am willingly and voluntarily offering my time to the duties agreed upon. I understand that I am not an employee and am not covered by workers compensation insurance. I agree to carry my own health insurance should any accident or loss occur that should cause personal injury to myself, and hold Hope 'N Horses harmless for any such incident in the course of my volunteer duties.

\_\_\_\_\_ **Voluntary Participation.** I am voluntarily participating in volunteer/rider activities through Hope 'N Horses at Fletcher Ranch. I understand if I have any questions about equine-facilitated activities, I can contact JJ Fletcher at 970-260-7881.

\_\_\_\_\_ **Assumption of Risk:** I fully understand that participation in the activities offered by Hope 'N Horses may not only involve risk of serious injury, death, economic loss, property damage, or loss that may result from the participant's own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where activities are being conducted. I am assuming, on behalf of myself, all risk of personal injury, death or disability that might result from said participation, or any damage, loss or theft on any personal property which I may incur. I understand that simply being in the vicinity of horses is inherently risky. I understand and accept these risks, including (but not limited to) the risk of bodily injury .

\_\_\_\_\_ **Covenant Not to Sue.** The participant's personal and legal representatives, heirs, successors, and next of kin will not make any claim against Hope 'N Horses at Fletcher Ranch, or any present or former officials,coaches,agents,attorneys,insurers,and representatives and their respective successors, heirs and assigns or any volunteer(s) for injury, damage, death, or any other loss arising from or related to participation in the activities and classes offered by Hope 'N Horses.

\_\_\_\_\_ **Release of Liability.** The participant's personal and legal representatives, heirs, successors, and next of kin, forever release, waive, discharge and relinquish Hope 'N Horses and its affiliates, instructors, shareholders, participants, board members, directors, officers, agents, volunteers, employees, instructors and licensors, as well as the property owner and tenants of the property and the owners, manufacturers and installers of the equipment comprising the grounds where activities occur (collectively, the "Releasees") from any and all actions, causes of action, claims, charges, demands, losses, damages, costs, attorney's fees, judgments, liens, indebtedness, and liabilities of every kind and character, whether known or unknown, including foreseen or unforeseen bodily injury and personal injuries and property damage that may be sustained by the participant in any way connected to, related to, or arising out of participation in Hope 'N Horses activities. This release is valid and effective whether the damage, loss or death is a result of any act or omission on the part of any of the releasees or from any other cause. This Waiver and Release of all liability includes, without limitation, injuries, illness, or accidents, which may occur as a result of (a) use of the facility or its improper maintenance, (b) bodily harm or property damage caused by horses, or (c) instruction or supervision. I understand that I voluntarily give up my right to sue the above mentioned parties.

\_\_\_\_\_ **Good Health.** The participant is in good health and has no physical condition that would prevent him/her from participating in the volunteer/rider activities.

\_\_\_\_\_ **PROTECTIVE HEADGEAR / HELMET WARNING I / WE AGREE THAT:** I, for myself have been fully warned and advised by Hope 'N Horses that protective head gear / helmet which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, will be worn while riding, driving and/or training and being near horses, and I understand that the wearing of such headgear / helmet at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences. **I am not relying on Hope 'N Horses and / or its associates to provide a certified helmet for me or to check any headgear / helmet or headgear / helmet strap that I may wear, or to monitor my compliance with this suggestion at any time now or in the future.**

\_\_\_\_\_ **Statutory limitation of Liability: WARNING: Under Colorado Law, an 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 section 13-21-119, Colorado Revised Statutes.**

\_\_\_\_\_ **AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS** This agreement shall be legally binding upon me the client/volunteer, thereof if it shall be interpreted according to the laws of the state and county of Hope 'N Horses' physical location.

This agreement is intended to be valid and binding at all times now and in the future when Hope 'N Horses permits me (directly or indirectly) to enter Hope 'N Horses' property, be on Hope 'N Horses' property, be near any horse, receive riding or training instruction or guidance from its associates and / or when I ride and / or drive and / or train and / or am near horses on or off of Hope 'N Horses' property. Any disputes by the rider shall be litigated in, and venue shall be the county in which Hope 'N Horses is physically located. This agreement is intended to be as broad and inclusive as the law permits. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The terms "HORSE" and "EQUINE" herein shall refer to all equine species.

\_\_\_\_\_ I acknowledge that I have carefully read this Agreement and fully understand its contents. I fully understand that this is a release of all liability and a waiver of any right that I may have on behalf of myself to bring a legal action or assert a claim for injury or loss of any kinds against Hope 'N Horses and its affiliates. I am aware that I have given up substantial rights of the participant by signing the Agreement, and I am signing the Agreement on behalf of the participant voluntarily. **I understand that if any attempt of a legal claim is made, I will be responsible for all defense costs, including reasonable attorney's fees and costs.** The participant has no obligation to participate in equine assisted activities, and I have no obligation to sign this agreement, but desire to do so. I certify that I am at least eighteen years of age.

**I recognize that I am signing this agreement on behalf of myself or any other visiting family member, and this release includes if I or another family member were to be injured or harmed in any way through the process of visiting or otherwise being on Hope 'N Horses' property.**

Participant's name\_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Phone number\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

Initial the following if in agreement:

\_\_\_\_\_ I am okay with being added to the Hope 'N Horses mailing list, to receive updates and the newsletter

\_\_\_\_\_ I give permission to be photographed for the purpose of promoting Hope 'N Horses and its programs. I understand that photographs may be shared on public media, power point presentation, marketing materials, etc, although my name will not be used. I fully release Hope 'N Horses to use my photograph for promotional purposes.