

Hope Equine Rescue, Inc.
1200 Dixie Dr.
Auburndale, FL 33823
Ph (863) 287-7503
Volunteer Rules and Release

PLEASE READ CAREFULLY AND INITIAL BESIDE EACH STATEMENT BELOW:

_____ I understand that horses are independent living beings with their own minds and as such, can never be entirely predictable.

_____ I understand that there are always elements of risk in equestrian activities, including permanent disability or death, that common sense and personal awareness can help reduce.

_____ **I am aware that at all times when on Hope Equine Rescue property it is MY RESPONSIBILITY to:**

1. Be alert and respectful of horses= intentions signaled with their ears and eyes and carried out with their teeth and hooves.
2. Speak in a reassuring tone when approaching a horse or horses and avoid sudden movements or noises.
3. Never leave horses unattended with their stall door open, in the stable aisles, while they are cross-tied, or in the riding arena.
4. Always lead horses properly with a lead shank.
5. Always wear appropriate clothing including durable shoes.
6. Pick up and replace tack and equipment I have used in the barn or arena.
7. Refrain from acting in any manner which may cause or contribute to my injury or the injury of other people or horses.

_____ **I understand that this is only a partial list, and I must be safety conscious and exercise sound judgement AT ALL TIMES. ANYONE found to be endangering themselves, other people, or horses, face immediate revocation of privileges WITHOUT EXCEPTION and removal from the premises.**

Participant: _____

Parent/Legal Guardian: _____

Date: _____

***Participant:** Defined as any individual who knowingly participates in any HER activity both on or off HER property, including lessons, barn labor, farm labor, educational activities, fund raising activities and any other activity at any location sponsored by HER.

Must Contain Original Signature

Must be submitted for EVERY HER participant. One copy must be in the possession of HER at all times. A Change Of Information@ form must be submitted to HER in the event of any changed information. It is the responsibility of the participant to ensure that all information is accurate.

Required Information: Please Print

Participants Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Parent/Legal Guardian: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Signature of Parent/Legal Guardian _____ Date: _____

(For Every Participant Age 18 or Younger)

EMERGENCY INFORMATION

This form with original signatures must be completed and submitted for EVERY participant to HER before engaging in ANY horse related activity on HER property. One copy must be kept in possession of HER at all times.

Please notify the following individual(s) immediately in the event of a medical emergency:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Other Emergency Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

List all SPECIAL MEDICAL CONDITIONS, MEDICATIONS, OR ALLERGIES that staff or emergency personnel should be aware of:

Signature of Participant

Date

Signature of Parent/Legal Guardian

Date

***Participant:** Defined as any individual who knowingly participates in any HER activity both on or off HER property, including lessons, barn labor, farm labor, educational activities, fund raising activities and any other activity at any location sponsored by HER.

MUST CONTAIN ORIGINAL SIGNATURE BEFORE HANDLING ANY HORSE:

The undersigned _____ (print name) does hereby acknowledge and assumes the risk of participation in any and all horse related activities, including riding, at HER or in any and all locations where HER activities take place. He/she does hereby acknowledge that he/she will release, Hope Equine Rescue, Inc., its officers, staff members, volunteers, instructors, advisors, and /or agents in any location where horse related activities are conducted or horses and/or property are used, of and from all claims which may hereafter develop or accrue to them on account of injury, loss or damage, which may be suffered by said minor or to any property, because of any matter, thing, or condition, negligence or default whatsoever, and they hereby assume and accept the full risk of danger of any hurt, injury or damage which may occur through or by reason of any matter, thing or condition, negligence or default, or any person or persons, whatsoever.

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.

Date Signature of Participant

Date Signature of Parent/Legal Guardian
(For participants under 18)

***Participant:** Defined as any individual who knowingly participates in any HER activity both on or off HER property, including lessons, barn labor, farm labor, educational activities, fund raising activities and any other activity at any location sponsored by HER.