



## VOLUNTEER/STAFF APPLICATION AND HEALTH HISTORY

### General Information

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

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

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian (if Under 18): \_\_\_\_\_

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

Phone (if different than above): \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

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

### Health History

Please describe your current health status, particularly regarding the physical demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone, or joint function.

Allergies: \_\_\_\_\_ Medication(s): \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ (consult your physician if not up to date)

### Check areas in which you are interested:

Horse Handling

Horse Show

Public Relations

Side-walking with a Participant

Fundraising

Grant Writing

Stable Management

Photography

Newsletter

Facility Repairs

Volunteer Recruitment

Social Media

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 **Horse Sense & Sensitivity, Inc.**'s programs.

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

Parent/Legal Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

## Background Information

Have you ever been charged with or convicted of a crime?(check one)    **Yes** or    **No** If yes, please explain:

I, \_\_\_\_\_ authorize **Horse Sense and Sensitivity, Inc.** to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly **DO NOT** authorize **Horse Sense and Sensitivity, Inc.**, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

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

Current Driver's License: (check one)    **Yes** or    **No**

License Number: \_\_\_\_\_ State: \_\_\_\_\_

## Confidentiality Agreement

I understand that all information (written and verbal) about participants at **Horse Sense and Sensitivity, 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: \_\_\_\_\_ Date: \_\_\_\_\_



We hope you enjoy the equine activities being made available to you. Safety is one of our main concerns, and we conduct all activities with adult supervision. However, since horses are by nature unpredictable, Florida law requires us to advise you of the potential danger of equine activities. In order to participate in these activities, it is necessary that we obtain the following release from liability from every adult or the parent/guardian of any person under 18 participating in these activities.

## **WARNING**

**UNDER FLORIDA LAW AN EQUINE SPONSOR OR PROFESSIONAL IS NOT LIABLE FOR THE INJURY OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.**

## **RELEASE FROM LIABILITY**

I, \_\_\_\_\_, understand that equine activities are inherently dangerous. I assume all risks associated with such activities. I hereby release and hold harmless all directors, employees, instructors, assistants, and volunteers of Horse Sense & Sensitivity, Inc., Clark Bailey, Sarah Bailey, Baileys' Ranch at 2202 Bishop Estates Road (aka Needmore Land and Cattle, Co. and the Sarah Bailey Farm), the Sarah W. Bailey Trust, Horse Sense & Sensitivity, Inc. Independent Contractors, and any employees, assistants or volunteers of Independent Contractors for Horse Sense & Sensitivity, Inc. from all liability resulting from damages or injuries to persons or property, including death, arising from participation in equine activities.

I understand that we are permitted to be at Baileys' Ranch only during the time of scheduled programs and/or when a Horse Sense & Sensitivity, Inc. representative is present. I agree to enter and exit Baileys' Ranch through the designated gate to ensure the privacy of staff and residents. I understand that persons under 18 must be accompanied by an adult. I understand that the horses belong to individual owners and cannot be used at any time other than our scheduled program hours or with the horse owner's explicit permission.

## **RELEASE AND INDEMNITY AGREEMENT**

In consideration of the acceptance of my participation and/or the participation of my child or ward in the use of horses during riding sessions provided by or from Horse Sense & Sensitivity, Inc., and with the understanding that a horse may be startled by sudden movement, noise or other factors, and may shy, rear, stop short, bite, buck, kick or run with the rider, especially when the ride is conducted in a natural setting, **I AGREE TO ASSUME THE RISKS** incidental to such participation including, but not limited to, those risks set out above, and, on my own behalf, on behalf of my child or ward, and on behalf of my child's or ward's heirs, executors and administrators, **RELEASE** and forever discharge the released parties defined below, of and from all liabilities, claims, actions,

damages, costs or expenses of any nature, arising out of or in any way connected with my participation and/or the participation of my child or ward in such horseback riding and further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including but not limited to, attorney's fees, disbursements and all expenses incurred in the defense of any actions. The released parties include Horse Sense & Sensitivity, Inc., Clark Bailey, Sarah Bailey, Baileys' Ranch (aka Needmore Land and Cattle, Co. and the Sarah Bailey Farm), and the Sarah Bailey W. Trust, Horse Sense & Sensitivity, Inc. Independent Contractors, and any employees, assistants or volunteers of Independent Contractors for Horse Sense & Sensitivity, Inc. their parent, related, affiliated and subsidiary companies, and both the current and future officers, individual members of the board of directors, instructors, therapists, volunteers, employees, agents, representatives, successors and assigns of each. I understand that this release of liability and indemnity agreement includes any claims based on the negligence, actions or inactions of any of the above released parties and covers bodily injury and property damage, whether suffered by me, my child or ward before, during, or after such participation. I understand that this release and indemnity agreement includes all claims that the released parties provided the equipment or tack or knowingly or unknowingly provided faulty or defective equipment or tack that was partially or totally responsible for any injuries or damages. I also understand that this release and indemnity agreement includes all claims that the released provided the equine or failed to make efforts to determine the ability of the participant to engage safely in the equine activity or to determine the ability of the participant to safely manage the particular equine based on either mine or the participant's representation of the participant's ability. Further, I understand this release and indemnity agreement includes all claims against the released parties for any injuries or damages arising out of conditions of the land or facilities upon which the participant was injured regardless of whether the conditions were latent or patent. I understand this release and indemnity agreement applies to and is in effect at any and all times that I or my child or ward are participating in any of the equine activities or before, during, or after such participation and applies regardless of whether there have been any changes in the activities or the premises on which the activities take place. I further authorize medical treatment for said child or ward, at my cost, if need arises.

Participant **OR** Volunteer

\_\_\_\_\_  
Printed Name of Participant/Volunteer

\_\_\_\_\_  
Name of Participant or Volunteer Parent/Guardian  
(If Participant or Volunteer is under 18)

\_\_\_\_\_  
Signature of Participant or Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Phone Number

### Photo Release

I (check one) **DO** **DO NOT** consent to and authorize the use and reproduction by Horse Sense and Sensitivity, Inc. of any and all photographs and any other audio/visual materials taken of me or my child/ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

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



## Authorization for Emergency Medical Treatment

Participant

Volunteer

Staff

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:

#1 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### Consent Plan

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 **Horse Sense & Sensitivity, Inc.** personnel 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.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant, Parent or Legal Guardian if Participant is under 18)

### 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 **Horse Sense & Sensitivity, Inc.**

Parent or 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:

Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SEND COMPLETED FORMS TO  
jenyudow.horsesense@gmail.com**