



HOPE'S HAVEN RESCUE & YOUTH CAMP

LIABILITY RELEASE

In consideration of being allowed to participate in horseback riding with Hope's Haven Rescue/Youth Camp (referred to as HHRYP) I, for myself and any minor children for whom I am parent, legal guardian, or otherwise responsible and for my/our heirs, personal representatives or assigns, hereby acknowledge the risks of injury or damage (to property, personal injury and/or death) involved in horseback riding.

I understand that there is a risk in riding live animals and acknowledge that my/our participation in this activity is purely voluntary. I assume full responsibility for myself and any minor children for whom I am parent, guardian or otherwise responsible, for any bodily injury, accident, illness, paralysis, death, loss of personal property and expenses thereof as a result of any accident which may occur while I/we participate in the horseback ride and HHRYP. I/we further agree to abide by all safety instructions, and to wear any safety equipment provided or brought on the horseback ride while I/we are participating in the activity.

I, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, hereby release, acquit and forgive HHRYP principals, directors, officers, agents, and volunteers and its owner, Diane Gruber-Strickland from any and all liability of any nature for any and all injury or damage (including property damage, personal injury, illness, blindness, paralysis, and/or death) to me or said minor children as the result of my/our participation in horseback riding at HHRYP.

I, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, and for my/our heirs, personal representatives or assigns, also hereby expressly waive any claim, lawsuit, complaint, charge, or cause of action against HHRYP, its principals, directors, agents, employees and its owner, Diane Gruber-Strickland, and for any and all injury or damage, to me or any such minor children and other persons as a result of my/our participation in horseback riding at HHRYP.

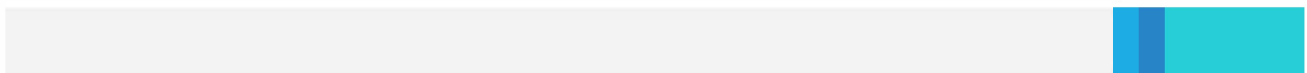
I, for my/our heirs, personal representatives and assigns also hereby expressly agree to indemnify and hold Harmless HHRYP principals, directors, employees, and its owner, Diane Gruber-Strickland, including costs, expenses and counsel fees, from and against all claims, lawsuits, complaints, charges or causes of action arising from the participation in horseback riding at HHRYP and the activities for which this Release and Waiver Agreement is given.

Name (Print): _____ Age: _____

Signature of Parent or Guardian: _____ Date: _____

Address: _____

Cell Phone: _____ Email: _____



Authorization of Emergency Medical Treatment

Name (Print):

Diagnosis:

Address:

Date of Birth: _____

City/State/Zip:

Phone: _____

Physician:

Drug Allergies: _____

Other Allergies:

Preferred Facility: _____

Health Insurance Co.: _____

IEP: _____

Emergency Contact:

Name (Print):

Relationship:

Phone: _____

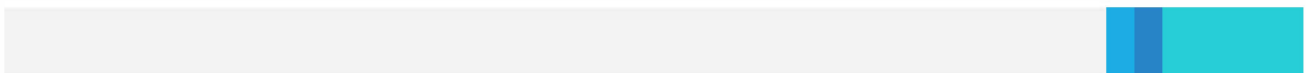
Work Phone: _____

If emergency medical aid/treatment is required due to illness or injury while at the facilities used by Hope's Haven Rescue/Youth Camp, at an event sponsored by HHRYC, or at an event in which HHRYC is a participant.

I authorize Hope's Haven Rescue and Youth Camp to secure and retain medical treatment and transportation if needed. This authorization includes x-ray, surgery, hospitalization, medication, and treatment deemed "life-saving" by the physician if the person listed as Emergency Contact cannot be reached.

CONSENT Signature: _____ Date: _____

(Signature of parent or Guardian if under 18)





HOPES HAVEN

RESCUE & YOUTH CAMP



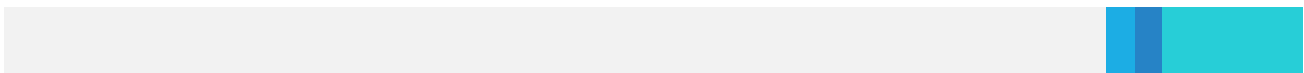
Photo Release Form

I grant Hope's Haven Rescue and Youth Camp the right to take photographs of me and/or my family when on Hope's Haven Rescue/Youth Camp property or any HHRYC sponsored events. I authorize HHRYC, its assigns, and transferees to copyright, use, and publish these photographs or videos in print and/or other digital media. I agree that HHRYC, may use these photographs of me with or without my name for any lawful purpose, including, but not limited to such purposes as publicity, illustration, advertising, and web content.

I understand and agree to the photo release form information.

CONSENT Signature: _____ Date: _____

(Signature of parent or Guardian if under 18)



Monthly Sponsorship Statement

Your support is a blessing to our program and helps us to feed and care for our horses, pay for our property and improvements, and help children in our community who are at risk, have a place where they can be encouraged. Sponsorship is due by the **FIRST Session OF THE MONTH** for the **ENTIRE MONTH**. Please make checks out to Hope's Haven Rescue Youth Camp, and remember that your sponsorship is tax deductible, so please keep track of what you contribute for your taxes next year.

Makeup Sessions

If you plan to miss a session, please let us know **24 HOURS** in advance so that we can fill your spot. Call us to cancel a session or arrange a makeup session. Make ups can be scheduled in advance and must be scheduled within the month they are missed. We will fill cancelled spots with makeup sessions. If none are available, we will make other arrangements with you within that month. Thank you for helping, as we grow to serve the Lord and our community. Together we can make a difference!

I have read and understood the above information regarding sponsorship and makeup session policies.

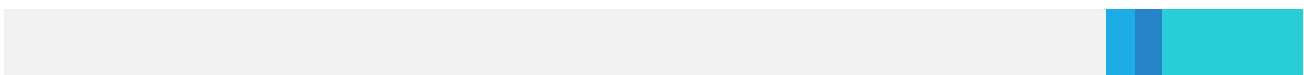
Signature: _____ Date: _____

Print name: _____

“We can do all things through Christ who strengthens us.”

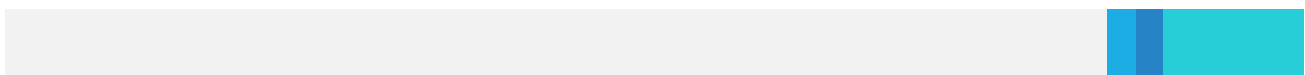
-Phillipians 4:13

Hope's Haven Rescue and Youth Camp



Volunteer Registration

| | | | | | | | |
|---|---|--|--|---|---|---|--|
| Name | | | | Date: | | | |
| Employer: | | Is this for a Service Learning Program or the Pay Program? (Please Specify) | | Birth date: | | Age: | Gender: <input type="radio"/> Male <input type="radio"/> Female |
| Address: | | | | | | | |
| Email Address: | | | | Home Phone: | | Cell Phone: | |
| *minimum age is 12 years old | | | | | | | |
| Please select which days you are available: | Monday <input type="radio"/> AM <input type="radio"/> PM | Tuesday <input type="radio"/> AM <input type="radio"/> PM | Wednesday <input type="radio"/> AM <input type="radio"/> PM | Thursday <input type="radio"/> AM <input type="radio"/> PM | Friday <input type="radio"/> AM <input type="radio"/> PM | Saturday <input type="radio"/> AM <input type="radio"/> PM | Sunday <input type="radio"/> AM <input type="radio"/> PM |
| Please Select Areas of Interest: | | <input type="radio"/> Barn/horse Chores | | <input type="radio"/> Administrative Tasks | | <input type="radio"/> Exercising horses* | |
| <input type="radio"/> Leading a horse* | | <input type="radio"/> Fundraising Events | | <input type="radio"/> Volunteer Coordinator | | <input type="radio"/> Camps | |
| <input type="radio"/> Side walking with student* | | <input type="radio"/> Horse Shows | | <input type="radio"/> Volunteer Trainer | | <input type="radio"/> Riding Instructor* | |
| *Experienced riders only, ability will be tested | | | | | | | |
| Please note any physical or health limitations, special skills, or hobbies and experience: | | | | | | | |



Due to the nature of this program, we reserve the right to conduct background checks on all volunteers. All information is confidential.

Have you ever been arrested for a crime?

Yes

No

Have you ever been convicted of a crime?

Yes

No

Driver's License Number:

State:

Your signature is our authorization to complete this background check.

Signature

Date

