

ODYSSEY REGISTRATION

ATTIRE & EQUIPMENT

All participants are required to wear an ASTM/SEI approved Equestrian helmet when near/on horses. If you do not have your own helmet, we will provide you with one. Should you choose to purchase your own, we can recommend several places to get them.

Appropriate clothes for riding are long pants and hard soled boots with a low heel. Since we use safety stirrups on all the saddles, sneakers are permissible. Dress for comfort and according to the weather. Wear close-fitting clothing for safety as well as comfort. Loose or baggy clothing can get caught and tangled in equipment. No dangling jewelry is permitted.

SAFETY RULE & GUIDELINES

Please observe these safety rules:

- Children must be supervised at all times; please do not leave children unattended or allow them to run and play loudly.
- Service dogs are allowed.
- Our horses and volunteers should be treated kindly – they work so hard for all of us.
- Please drive slowly and park in designated areas.
- Please leave any weapons in your car.

PARTICIPANT INFORMATION

Today's Date _____

Participant's Name _____ Age _____

Weight _____ (Please call if over 225lbs.) Height _____

Email _____

Phone _____

Address _____

City/State _____ Zip _____

Military Service Air Force Army Marines Navy National Guard Other _____

First Responder Firefighter Police EMT Paramedic Other _____

Registered with Wounded Warrior Project? Yes No

Riding Experience _____

Goals: Personal _____

Family _____

Horsemanship _____

Do you have any physical issues or complaints at this time? Please describe _____

Allergies to medications or foods _____

Emergency Contacts – In the event of an Emergency, Finally Home Farm should contact:

Name _____ Relation _____ Phone(s) _____

EMERGENCY MEDICAL CONSENT/NON-CONSENT

Physician _____ Phone _____

Preferred Medical Facility _____

Describe any medical condition requiring special precautions or treatment, any medications & dosage

Insurance Carrier _____ Policy Number _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In case of medical emergency or necessity, Participant/Parent/Guardian authorizes FHF to seek or provide for Participant such medical assistance as may be necessary or advisable and further authorizes FHF to seek the assistance of any physician to medical facility to provide any medical/surgical care, including, but not limited to, hospitalization, with such treatment to include anesthesia as necessary or advisable, that the physician or medical facility deems or determines to be necessary or advisable, pending receipt by the physician or medical facility of any other consent to treatment from or on behalf of Participant. Participant/ Parent/ Guardian understands that NO LIABILITY can be accepted by any of the organizations concerned, including FHF, in the event such accident may occur. In the event any provision of this form is determined to be unenforceable, all other provisions shall remain in full force and effect.

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 center, I authorize Finally Home Farm to:

1. Secure and retain medical treatment and transportation if needed
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant Signature _____ Date _____

NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT

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 center. In the event emergency treatment/aid is required, I wish the following procedures to take place.

Non-Consent Signature _____ Date _____

PHOTO RELEASE

I DO

I DO NOT

consent to and authorize the use and reproduction by FHF of any and all photographs and any audio-visual materials taken of _____ me/my son/my daughter/my ward for promotional material, educational activities, exhibitions and digital displays or for any other use for the benefit of the program. With respect to the foregoing matters, no inducements or promises have been made to secure this signature to this release other than the intention of FHF to use, or cause to be used, such photographs, films, and pictures for the primary purpose of promoting FHF and its work. FHF will strive to keep individuals’ identities secure while using photos in newspapers, informational materials, website, Facebook, and other media materials.

Participant Signature _____ **Date** _____

SOCIAL MEDIA POLICY

In the area of social media (print, broadcast, digital and online), the following guidelines apply in the use of social media for our participants:

1. Should you decide to create a personal blog or website, be sure to provide a clear disclaimer that the views expressed in the blog are the author’s alone and do not represent the views Finally Home Farm.
2. All information published on any participant’s blog should comply with FHF’s confidentiality policy. This also applies to comments posted on other social networking sites, blogs and forums.
3. Your online presence can reflect on FHF. Be aware that your comments, posts or actions captured via digital or film images can affect the image of FHF.
4. Do not use any FHF logos or trademarks without written consent.

I hereby confirm that I have read and understand the Social Media policy of Finally Home Farm

Adult Participant Signature _____ **Date** _____

STATEMENT OF UNDERSTANDING, AUTHORIZATION RELEASE AND INDEMNITY

_____ (Participant’s Name) would like to participate at Finally Home Farm. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/ my son/ my daughter/ my ward are greater than the risk assumed.

I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators waive and release forever any potential claims for damages against Finally Home Farm. In return for the opportunity to participate in the FHF program, I hereby forever release, acquit and discharge FHF and its officers, directors, trustees, agents, employees, representatives, volunteers, affiliates, successors and assigns (collectively the “Released and Indemnified Parties”) from any and all claims, demands and causes of action of any and every kind or nature, including those caused in whole or in part by the negligence of any of the Released and Indemnified Parties, which I may now or in the future have against any or all of the released and Indemnified Parties and that arise in whole or in part as a result of my involvement with FHF. I also understand and agree that FHF assumes no liability for accidents or acts of negligence or gross negligence by anyone, including the Released and Indemnified Parties.

I further agree to fully indemnify and defend any of the Released and Indemnified Parties against any and all claims, demands or causes of action of any and every kind or nature (including attorney's fees and other defense costs), including those caused in whole or in part by the negligence of any or all of the Released and Indemnified Parties, which directly or indirectly relate to personal injuries or property damages sustained by me and that arise in whole or in part as a unenforceable, all other provisions shall remain in full force and effect.

Adult Participant Signature _____ **Date** _____

OHIO STATEMENT OF INHERENT RISKS

Inherent risk of an "equine activity" means a danger or condition that is an integral part of an equine activity, including, but not limited to, any of the following:

- A. The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- B. The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- C. Hazards, including, but not limited to, surface or subsurface conditions;
- D. Collision with another equine, another animal, a person, or an object;
- E. The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

Adult Participant Signature _____ **Date** _____