

PROMISES

Growth & Healing Center



13889 Deer Creek Drive
Palm Beach Gardens, FL 33418
(561)203-0882 www.promisesranch.com promisesequine@gmail.com

Volunteer Information Form

Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Cell Phone: _____ Work Phone: _____ DOB: _____

Email Address _____

If student, name of school: _____

How did you learn about **Promises Equine Therapy Center**: _____

Check which areas you are interested in:

Program Volunteer

- EAGALA Certified MH
- EAGALA Certified ES
- EAGALA Certified Professional
- Session Assistant (Leading Horses In/Out and Refreshments)
- Horse Care (Grooming, Feeding and Stall Hygiene)

Administration

- Public Relations
- Grant Writing
- Fund Raising
- Newsletter/Website
- Volunteer Recruitment
- Photography/Video
- Budget and Finance
- Future Planning

In Case of Emergency

Name: _____ Home Phone: _____ Work Phone: _____

Address: _____

Physician: _____ Phone: _____

Hospital and Town: _____

In case of emergency, I give permission to **Promises Equine Growth and Healing Center** to secure medical treatment including x-rays, surgery, hospitalization, and medication.

Date: _____ Signature: _____

Volunteer Liability Release

As a volunteer at Promises Equine Growth and Healing Center, I acknowledge the risks and potential for risks of a program. However, I feel that the possible benefits to myself and the clients I work with 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 all claims for damages against **Promises Equine Growth and Healing Center**, its owners, instructors, Therapist, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating with/in **Promises Equine Growth and Healing Center**.

Date: _____ Signature: _____

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Authorization for Emergency Medical Treatment Form

Staff

Participant

Volunteer

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:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of participating in services, or while being on the property of **Promises Equine Growth and Healing Center** and its' owners, I authorize **Promises Equine Growth and Healing Center** 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.

Consent Plan

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

Date: _____ Consent Signature: _____

Client, Parent, or Legal Guardian Signed in the presence of center staff

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 on the property of **Promises Equine Growth and Healing Center**. In the event emergency treatment/ aid is required, I wish the following procedures to take place:

Date: _____ Consent Signature: _____

Client, Parent, or Legal Guardian
Signed in the presence of center staff

A COPY OF THE COMPLETED MEDICAL/HEALTH HISTORY SHOULD BE ATTACHED TO THIS FORM.

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Volunteer /Staff Information and Health Form

General Information

Name: _____ Date: _____

Address: _____

Employer/School: _____

Address: _____ Date of Birth: _____

Phone:(H) _____ (W) _____

Parent/Legal Guardian Name and Address: _____

How did you hear about the program? _____

Recent medical tests: Last Tetanus Shot: _____ Tuberculosis Test + - Date: _____
(Consult you r physician or local health department if you are not up to date with these shots/tests)

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic Equine program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgery, or lifestyle changes.

Allergies: _____

Medications: _____

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 **Promises Equine Growth and Healing Center's** program.

Signature: _____ Date: _____

(Volunteer/staff; signed in presence of center staff)

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Volunteer/Staff Form and Health History

Page 2

Name: _____
Address: _____
Phone:(H) _____ (W) _____ Date of Birth: _____

Photo Release

I DO DO NOT

consent to and authorize the use and reproduction by **Promises Equine Growth and Healing Center** of any and all photographs and any other audio/visual materials taken of me for promotional materials, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature: _____ Date: _____

Background Information

Have you ever been charged with or convicted of a crime? **Y N** please explain _____

I, _____ (volunteer/staff), authorize **Promises Equine Growth and Healing Center** to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal governments, to the extent permitted by state and federal law, pertaining to any conviction I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children.

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

Signature: _____ Date: _____
(volunteer/staff)

CURRENT DRIVER'S LICENSE **Y N** LICENSE NUMBER _____ STATE _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this NARHA center is confidential and will not be shared with anyone without the express written consent of the participants and their parent/guardian in the case of a minor.

Signature: _____ Date: _____
(volunteer/staff)

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RELEASE WAIVER & COVENANT NOT TO SUE

In accordance with Florida Law, the following warning notice is hereby given:

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, pursuant to Florida Statutes §773.02, no participant nor any participant's representative shall have any claim against or recover from any equine activity sponsor, equine professional, or any other person for injury, loss, damage, or death of the participant resulting from any of the inherent risks of equine activities.

Without limitation by or to the above-cited laws, the undersigned, for and in consideration of the exchange of mutual promises and covenants and other goods and valuable consideration does hereby knowingly and voluntarily covenant not to sue, on behalf of self, siblings, and the child or children named below and does hereby knowingly and voluntarily waive and release any and all rights to proceed against **Promises Equine Assisted Growth and Healing Center, Inc.** (hereinafter "Promises"), Angela Walker, MS, LMHC, MCAP, ICADC, Nicole Sauvola-LaMay, and Andrew D. LaMay, individually and as agents for **Promises** any agent, employee, instructor, volunteer, or clinician in any action, at law or in equity, and hereby expressly covenants not to sue or bring any action, claim, demand, or seek damages of any kind or nature whatsoever, based on any facts, occurrences, omissions, or commissions by **Promises**, or any person named or unnamed above as a representative of Promises, including any agent, employee, instructor, volunteer, or clinician, whether such action, claim, demand, or claim of damage is based on personal injury, property damage, medical expenses, hospital expenses, or any other claim of claims, and hereby agrees, warrants, and declares that I shall, at all times, save and keep harmless from any and all losses, costs, damages, liabilities and expenses occasioned by, arising out of, or incurred in connection with my use or my child or children's use of the horses or the facilities, and property provided by **Promises**, any agent, employee, instructor, volunteer, or clinician. We hereby agree, warrant, and declare that we shall indemnify and hold harmless from any and all losses, costs, damages, liabilities, and expenses occasioned by, arising out of, or incurred in connection with any event or occurrence causing injury to any person or property, whomsoever or whatsoever, whether due directly or indirectly to the existence, riding or use of the horses or the facilities and property provided by **Promises**, any agent, employee, volunteer, instructor or clinician. Further, we, the undersigned, execute, give and intend this to be and operate as a Release, Waiver, and Covenant Not to Sue in favor of **Promises**, any agent, employee, instructor, volunteer, or clinician. We do not intend this Release, Waiver, and Covenant Not to Sue or any of the provisions hereof to benefit persons or entities, or classes of persons or entities, other than those expressly set forth herein above.

The undersigned further agrees to avoid and maintain a safe distance from any construction activity, building, house, personal property and equipment on property and personally warrants full responsibility and accountability for due diligence in safe management and control of horse related activities.

WE, THE UNDERSIGNED, HAVE READ THE FOREGOING RELEASE, WAIVER, AND COVENANT NOT TO SUE AND FULLY UNDERSTAND THE TERMS AND PROVISIONS SET FORTH HEREIN AND WE KNOWINGLY AND VOLUNTARILY SIGN THIS DOCUMENT AND AGREE TO ALL TERMS AND PROVISIONS HEREOF.

This is given under our hand and seal this _____ day of _____, 2_____.

Volunteer's Name (please print) _____

Volunteer's Signature (or parent) _____
(Must be 18 years old to sign)

Witnessed by _____ Date _____