



Inspire Equine Therapy Program
 1743 Doncaster Rd. Clearwater, FL 33764
 (727) 348 – 7104
 email: inspireequinetherapy@gmail.com
www.inspireequinetherapyprogram.org

Instruction: This application must be filled out completely, legibly, accurately, signed and dated to be processed. If applicants are under 18 years of age, parental or legal guardian consent must be signed where indicated below. This packet and background screening are to be completed in order to be scheduled for a New Volunteer Orientation. Please include a \$10.00 application fee to cover t-shirt cost. Thank you.

Volunteer Registration Packet

Date Received by Inspire Office: _____

Name: _____ Date of Birth: _____

Local Address: _____
 (Street) (City) (State) (Zip)

Phone: _____
 (Home) (Cell) (Work/Alternative)

Email Address: _____

Shirt Size: S M L XL XXL XXXL

	Yes	No
Do you have any physical limitations? If yes, explain:		
Can you walk for 30 minutes?		
Can you jog short distances?		
Are you comfortable around horses?		
Are you able to hold your arm at shoulder height and support modest weight?		
Do you have any additional skills that may benefit our program (PT, OT, PTA, First Aid, teacher, public speaking, construction, horse experience, etc) If yes, explain below:		
How did you hear about Inspire?		
Current or Former Employer (s):		
I wish to volunteer because:		



Inspire Equine Therapy Program
 1743 Doncaster Rd. Clearwater, FL 33764
 (727) 348 – 7104
 email: inspireequinetherapy@gmail.com
www.inspireequinetherapyprogram.org

Volunteer Authorization for Emergency Medical Treatment

In the event emergency medical treatment is required due to illness and/or injury during the process of volunteering, while being on the property of the agency, I authorize **Inspire Equine Therapy Program**, and its agents/representatives 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.

Name:	
Phone:	
Address:	
Physician:	
Insurance Company:	
Policy #:	Group #:
Insurance Phone #:	
Preferred Medical Facility:	

(Please realize that in a true emergency, transport will be to the nearest appropriate facility)

Emergency Contact Information:

Name: _____

Relationship: _____

Home Phone

Cell Phone

Work Phone

Consent Plan: (Circle One) I Do / I DO NOT consent to emergency medical treatment. This authorization includes x-ray, hospitalization, medication, and any treatment procedure deemed “life-saving” by the physician on duty. This provision will be invoked if the emergency contact is unable to be reached and the volunteer listed above is unable to make decisions for him/herself. If you DO NOT consent to emergency medical treatment, please indicate the procedures you wish to have followed in the event of an emergency

Signature of Responsible Party

Printed Name

Date



Inspire Equine Therapy Program
1743 Doncaster Rd. Clearwater, FL 33764
(727) 348 – 7104
email: inspireequinetherapy@gmail.com
www.inspireequinetherapyprogram.org

EQUINE RELATED ACTIVITY RELEASE & HOLD HARMLESS AGREEMENT

KNOW ALL MEN BY THESE PRESENT: That _____, who is known to Inspire as a visitor, volunteer, participant, employee or guest, (hereinafter referred to as “Constituent”), for and in consideration of participation in any Inspire Equine Therapy Programs and presence on any Inspire property and for other good and valuable consideration in hand received by Constituent, the receipt and adequacy of which are hereby acknowledged, does hereby RELEASE AND HOLD HARMLESS, Inspire Equine Therapy Program., a Florida nonprofit corporation, 2001 KJ Trust Agreement Utd. 2-11-11, Araphao to the Son and it’s successors and /or assigns, agents, principals, representatives and employees, (hereinafter collectively referred to as “Inspire”) of and from all manner of action(s), cause(s) of action, suits, controversies, agreements, promises, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which Constituent has or may have in the future from the signing of this release until the end of such Constituent’s participation in an Inspire program or presence on Inspire property, and any claim past, present or future which any personal representative, successor, heir or assignee of said party hereafter can, shall or may have against Inspire for, upon or by reason of any matter, cause or thing whatsoever, from the time of Constituent participation in any Inspire program or being present on any Inspire property until such time as Constituent is not participating in any Inspire program or from a date forward that such Constituent is not present on any Inspire property, such release and hold harmless of Inspire specifically includes, but not by way of limitation, the following:

- 1) All equine activities at the property leased by Inspire located at 1743 Doncaster Rd, Clearwater, Pinellas County, Florida, including, handling, care, grooming, leading, riding, driving of horses and such activities as defined in Section 773.01, Florida Statutes, as amended from time to time; and all activities related to being in the presence of horses or on Inspire property;
- 2) Any and all rights or claims arising from, relating to, or in any way connected with the death or injury of any person participating in any equine activity sponsored by Inspire or death or injury of person occurring on Inspire property or claim for damage to any Constituent’s personal property brought upon any Inspire property by Constituent.
- 3) Constituent grants Inspire the right and authority to perform a background check on Constituent in advance of Constituent’s participation in any Inspire activity or presence on Inspire property and Inspire may make future checks on background from time to time during the Constituent’s involvement in any Inspire program or presence on Inspire property. Constituent releases Inspire from any claim, cause of action or damages based upon Inspires authorized background check(s).
- 4) Any and all rights or claims arising from, relating to or in any way connected with the death or injury of a Constituent who takes transport in any Inspire agent vehicle as part of a sponsored Inspire program occurring outside of the Inspire property.

WARNING

Under Chapter 773, Florida Statutes, an equine activity or sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities. This Release further

incorporates the immunity to volunteers of not-for-profit organizations who are acting within the scope of their responsibilities and who do not cause harm willfully or with wanton disregard for safety.



Inspire Equine Therapy Program
1743 Doncaster Rd. Clearwater, FL 33764
(727) 348 – 7104

email: inspireequinetherapy@gmail.com
www.inspireequinetherapyprogram.org

EQUINE RELATED ACTIVITY RELEASE & HOLD HARMLESS AGREEMENT (Continued)

Volunteer/Participant/Guest

Printed Name: _____

Address: _____

Email address: _____

Home Phone: _____ Cell Phone: _____

IN WITNESS WHEREOF, the undersigned executes this release

this _____ day of _____, 20_____.

Note: Signature of Parent/Guardian is REQUIRED if Constituent is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.

Adult/Parent/Guardian Name (Print)

Witness Name (Print)

Adult/Parent/Guardian Signature

Witness Signature



Inspire Equine Therapy Program
1743 Doncaster Rd. Clearwater, FL 33764
(727) 348 – 7104
email: inspireequinetherapy@gmail.com
www.inspireequinetherapyprogram.org

PHOTO AND NAME RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant(s) Inspire Equine Therapy Program, a Florida nonprofit corporation, and its successors and /or assigns, agents, principals, representatives and employees, (hereinafter collectively referred to as "Inspire") the following permission:

Photo Release:

_____ The undersigned hereby grant(s) Inspire to take or have taken, still and moving photographs and films including television pictures of _____ (print full name) and consents and authorizes Inspire, its advertising agents, news media, and any other persons interested in Inspire and its work, to the use and reproduction of the photographs, films and pictures without limit, the generality of the foregoing newspapers, television media, social media, Inspire website, brochures, pamphlets, instructional materials, books and clinical material.

_____ The undersigned choose(s) not to grant permission for the use of photographic images.

Name Release:

_____ The undersigned hereby grant(s) Inspire to use _____ 's (print full name) full name and consents and authorizes Inspire Equine Therapy Program, its advertising agents, news media, and any other persons interested in Inspire Equine Therapy Program, and or its work, to the use of her/his name with photographs, films and pictures without limit, the generality of the foregoing newspapers, television media, social media, Inspire website, brochures, pamphlets, instructional materials, books and clinical material.

_____ The undersigned choose(s) not to grant permission for the use of the aforementioned name.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention on Inspire to use or be in use or be used the aforementioned name and such photographs, films and pictures for the primary purpose of promotion and aiding its program and or its work.

IN WITNESS WHEREOF, the undersigned executes this release

this _____ day of _____, 20_____.

Note: Signature of Parent/Guardian is REQUIRED if Constituent is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.

Adult/Parent/Guardian Name (Print)

Adult/Parent/Guardian Signature

Witness Name (Print)

Witness Signature