

Inspire Equine Therapy Program  
1743 Doncaster Rd, Clearwater, FL 33764  
Phone: (727) 348-7104  
inspireequinetherapy@gmail.com  
<http://www.inspireequinetherapyprogram.org>

## **WELCOME!**

Welcome to Inspire Equine Therapy Program. We teach basic riding, driving and horsemanship skills to participants ages 10 years and older with special needs. Our program is designed to benefit our participants physically, socially, and emotionally by using horses and volunteers who are trained to work with individuals of varying abilities.

Included in your rider request package are the following items:

1. Welcome Page
2. Rules for Participating
3. Participant Application Form
4. Annual Physicians Referral Form
5. Emergency Contact Information
6. Participant Demographic Information
7. Photo/Name Release Form
8. Release & Hold Harmless Agreement
9. Billing & Payment Policy
10. Family Volunteer Form

Upon completion of these forms, please return them to the office as quickly as possible. Once the forms have been reviewed by our Director, if you are eligible for the program you will be contacted to schedule a time for you to come in for an evaluation ride. There will be a one-time, non-refundable \$30.00 fee for the rider evaluation. The Evaluation Team will make a recommendation for placement into a class. Riders at Inspire are placed into the most appropriate class according to the participant's abilities and age. We try to take scheduling preferences of the participant and caregivers into account when placing participants into classes; however, Inspire cannot guarantee the day and/or time that you prefer will be available. If there is not an opening in a class appropriate for your abilities and age, then you will be placed on a waiting list until space opens up.

When you receive your scheduled lesson time, please make sure you arrive at least 15 minutes prior to your lesson. This will give you the necessary preparation time before mounting. We do keep attendance records. All participants are permitted 2 absences (excused or unexcused payment still required). If the participant is absent 3 times per session, the participant will be removed from the lesson roster and placed at the end of the current waiting list. In order to avoid disrupting the lessons and for safety reasons, when a rider arrives 15 minutes late he/she will not be permitted to participate when the class has already started. 2 tardy arrivals will be considered 1 absence.

Ongoing evaluations are done periodically on the progress of participants. If a participant has been evaluated as not gaining benefit from equine programming, he/she may be removed from a class and reassigned or removed from the program in order to make room for another participant who may be able to benefit from equine programs.

A participant may be excused due to medically related issues or needs that take him/her out of the program for 2 months or less, and Inspire will hold their place in the program session provided the participant's fees are paid and kept current.

Once again welcome to Inspire Equine Therapy Program. We hope you will enjoy our program!

*Please Keep This Page for Your Reference*

## **RULES FOR RIDING AND DRIVING PARTICIPANTS**

1. For your safety, you must follow all of the instructor's directions.
2. A safety helmet must be worn at all times when riding or driving. This helmet may be purchased by the rider/rider parent prior to commencement of participating at Inspire. (Please ask a staff member about a local tack shop to purchase the helmet.) Inspire has limited helmets that can be borrowed for a lesson.
3. For the safety of all riders, staff and volunteers, Inspire requires the following:
  - a. Parent or guardian that understands and speaks English must accompany a rider at all times while on Inspire property.
  - b. A parent or adult guardian must be present during the entire riding lesson for all riders under the age of 21 years old, all non-English speaking riders, and all non-verbal riders. Inspire reserves the right to extend this policy to other riders as deemed necessary by a Inspire designated representative.
  - c. Riders and Drivers need to be a minimum of 10 years old.
  - d. A riders' maximum weight may not exceed 200 lbs. This limitation assures the wellness and optimum soundness of Inspire horses, ensures properly fitted equipment is available, and provides a safe environment for staff, volunteers and participants. Participants over the maximum weight are encouraged to participate in our driving program and our un-mounted activities.
4. Long pants are recommended as well as shoes/boots with a low heel. Sneakers will be allowed but not recommended.
5. Remember this is Florida. Bring something cool to drink, a hat for shade and a sweat band or towel if needed.
6. Any bleeding or open sores must be covered with a bandage, or the participant cannot attend that session.
7. Please advise the instructor or Director if the participant has a behavior or medical problem so that assisting volunteers can be informed.
8. Please be sure to advise the instructor of any medical changes (i.e.: a recent seizure).
9. Please refrain from coaching your participant from the sidelines. It is important their focus remain on the instructor and assisting volunteers.
10. Please make sure that any visitors you bring (including siblings) are kept under your supervision. (No climbing/sitting/standing on the fence, no shouting or loud voices, no running around the riding arena or parking lot, etc.)
11. Please check with the instructor or a staff member before using a camera with a flash. Sometimes, the flash can cause a horse to startle and react suddenly.
12. Only certified service dogs for those with mobility issues or PTSD are allowed on property. Emotional support or companion dogs are not allowed. Dogs must be secured with another person or in a crate when working with the horses.
13. Please do not hesitate to ask for help if you are unsure of something. The instructors, staff, and volunteers are always happy to assist.
14. Everyone on Inspire property is asked to make themselves aware of and abide by our basic safety rules.

Thank You for Following Our Basic Safety Rules. Safety Is Our Number One Priority.

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

\_\_\_\_\_  
Adult/Parent/Guardian Name (Print)

\_\_\_\_\_  
Adult/Parent/Guardian Signature

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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**RIDING AND DRIVING PARTICIPANT APPLICATION FORM**

(Please print or type all information)

PARTICIPANT FULL NAME \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GENDER (MALE/FEMALE) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WHO TO CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBERS \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOW DID YOU HEAR ABOUT INSPIRE? \_\_\_\_\_

IS PARTICIPANT ABLE TO (accomplish the following items by themselves?):

	YES	NO
WALK		
SIT		
STAND		
SPEAK		
EAT		
DRINK		
GO TO THE BATHROOM INDEPENDENTLY		

CAN HE/SHE RIDE A: \_\_\_\_\_ TRICYCLE \_\_\_\_\_ BICYCLE \_\_\_\_\_ HORSE

DOES HE/SHE HAVE ANY FEAR OF:

	YES	NO
FALLING		
SOUNDS		
HEIGHTS		
ANIMALS		
OTHER		

PLEASE DESCRIBE ANY BEHVIORAL ISSUES: \_\_\_\_\_

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\_\_\_\_\_  
 Adult/Parent/Guardian Name (Print)

\_\_\_\_\_  
 Adult/Parent/Guardian Signature

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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**RIDING AND DRIVING PARTICIPANT DEMOGRAPHIC INFORMATION**

*Please assist us by providing the requested information. This information helps Inspire with applying for grant funding to operate our program. Providing this information is required.*

**RACE/ETHNICITY:**

Race	Ethnicity
<input type="checkbox"/> White	<input type="checkbox"/> If Hispanic, please check
<input type="checkbox"/> Black/African American	<input type="checkbox"/> If Hispanic, please check
<input type="checkbox"/> Asian	<input type="checkbox"/> If Hispanic, please check
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> If Hispanic, please check
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> If Hispanic, please check
<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> If Hispanic, please check
<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> If Hispanic, please check
<input type="checkbox"/> Am. Indian/Alaska Native & Black/African Am.	<input type="checkbox"/> If Hispanic, please check
<input type="checkbox"/> Other Multi-racial	<input type="checkbox"/> If Hispanic, please check
<input type="checkbox"/> Other	<input type="checkbox"/> If Hispanic, please check

**INCOME:**

Please indicate, for the most recent tax year, your family's gross (*before taxes*) income.

Less than \$20,000  
 \$20,000 - \$39,999  
 \$40,000 - \$59,999  
 \$60,000 - \$79,999  
 More than \$80,000

**LEGAL HOUSEHOLD DEPENDENTS:**

Number of people living in your household that are dependent on the house income:

Number of Adults (including yourself): \_\_\_\_\_

Number of Children / Dependents: \_\_\_\_\_

Total Numbers: \_\_\_\_\_

Marital Status: \_\_\_\_\_

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**ANNUAL PHYSICIAN'S REFERRAL FORM**

**Valid for one year**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspire Equine Therapy Program is an equine therapy program designed to benefit the participant physically, socially, and emotionally. Safety equipment and specially trained horses and volunteers are used. In order to assure the fullest possible protections and greatest personal benefit from the program, each participant is required to furnish the following medical information before being accepted into the program:

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

*Note: If the diagnosis is Down Syndrome, the first Physician's Referral Form ever submitted to Inspire, must be accompanied by a negative diagnosis x-ray report for Atlantoaxial Instability. This must be a signed statement from a qualified physician giving the date and result of the x-ray. If you have questions, please call us.*

Medical History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Surgical Procedures: \_\_\_\_\_

Medications: \_\_\_\_\_

Prescribed For: \_\_\_\_\_

Present Impairments (Please Check Yes or No for each category):

Impairment	Yes	No	Comments
Auditory			
Vision			
Tactile Sensation			
Speech/Communication			
Sensory Integration			
Cardiac			
Pulmonary			
Integumentary/Skin			
Balance			
Mobility			
Muscular			
Spasticity and/or Rigidity Present			
Braces or Assistive Devices			
Orthopedic			
Seizures (if yes, date of last one)			
Cognitive			
Emotional/Psychological			
Other			

Precautions or Contraindications to Equine Assisted Activities: \_\_\_\_\_

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities and/or therapies. I understand that Inspire will weigh the medical information given against the existing precautions and contraindications identified above and by the Professional Association for Therapeutic Horsemanship (PATH). Therefore, I refer this person to Inspire for ongoing evaluation to determine eligibility for participation.

Physician's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ (Physician's Stamp):

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**EMERGENCY CONTACT INFORMATION**

**In Case of Emergency:**

In case of emergency, Inspire's policy is to immediately call 911 and to then contact the name indicated below if not already on site.

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

**Authorized Personal:**

A parent or adult guardian must be present during the entire lesson for all participants under the age of 21 years old, all non-English speaking participants, and all non-verbal participants. If someone other than the parent or guardian will be accompanying the rider, please add this person's name and contact information below.

Please indicate designated persons:

Name \_\_\_\_\_

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

Name \_\_\_\_\_

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

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Adult/Parent/Guardian Name (Print)

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**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.**

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**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, Apharo 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.

IN WITNESS WHEREOF, the undersigned executes this release

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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**ADAPTED RIDING AND DRIVING PROGRAM PAYMENT POLICY**

Inspire Equine Therapy Program has taken great care in setting participant fees for our services. Our fees are very modest because we subsidize most of the cost of group riding lessons and other programming through fundraising each year. The information below sets forth the billing and payment policies of Inspire Equine Therapy Program. *This form may not be altered and must be signed prior to your participation in Inspire's program.*

**Adapted Riding Program:**

Lesson Cost: \$30.00 per 30 min group lesson (2 to 5 riders)

**Adapted Driving Program:**

Lesson Cost: \$50.00 per 30 min private lesson (30 min of drive time).

**Sessions:** Spring Session: January thru May (15 to 17 weeks)

Summer Session: June (4 to 5 weeks)

Fall Session: September thru December (12 to 14 weeks)

**Financial Aid:** Financial aid is available to those who may have difficulty in paying for their riding sessions. An application is required. Financial aid will be determined on a case by case basis by our Scholarship Committee.

**Payment:** Payment is due in full at the first lesson of the month for the entire month. Payment will still be required for all unexcused and excused absences. Absences due to a medical emergency or other medical procedure will be taken into consideration on a case by case basis. If payment is not made by the 2<sup>nd</sup> lesson of the month a \$25.00 late fee will be assessed. Lessons maybe paid for (preferred) for the whole session at the beginning of the session (Spring, Summer or Fall).

**Account Balances:** If your account balance remains due on one or more invoices over 60 days, then you will be notified in writing that you are prohibited from participating in the program until payment is received in full. If you are having difficulty making your payment on time, then you can make application for financial aid. If you do not meet the eligibility criteria for financial aid, then you can request a payment plan. Requests for payment plans are reviewed by the Scholarship Committee, and if approved, your payment plan will be documented as a written agreement between you and Inspire. *Please note: If you do not follow the terms of the written payment plan agreement, then the balance you owe shall immediately become due in full, and the participant shall be prohibited from participating in the program until full payment is received by Inspire.*

**Returned Checks:** Your account will be assessed a \$30.00 return check fee for each check that is returned to our office. The returned check fee shall be assessed by invoice, and that invoice shall be subject to a late fee if it is not paid within 30 days. We accept cash, personal checks, along with debit cards, Visa, MasterCard payments on our website. If you have any questions, please do not hesitate to contact us at (727) 348-7104.

**Insurance:** Inspire is a partner with Staywell/WellCare Insurance. Staywell will send over referrals for Inspire for participants and Inspire will bill Staywell for the allowed 10 riding lessons. Inspire will also accept the Gardiner Scholarship and will bill for services. All absence policies also apply if on Insurance.

I have read, understand, and agree to the above listed policy.

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\_\_\_\_\_  
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**FAMILY VOLUNTEER FORM**

We need your help in making our program at Inspire a success! As with all not-for-profit equine therapy programs, Inspires' success is dependent on the help of volunteers. Your participation as a volunteer demonstrates your family's commitment to the program and helps to ensure long-term stability. When you volunteer your time to help at Inspire, you motivate others in our community to donate their time and effort to help our special riders succeed.

PLEASE INDICATE BELOW ANY AREAS IN WHICH YOU WOULD BE INTERESTED IN HELPING OR LEARNING MORE:

**I would like to help with:**

- Adapted Riding and Related Program Activities
  - Side walking
  - Grooming/Tacking
  - Leading
  - Coordinating Riders and Volunteers during program activities
  - Cleaning/Organizing Equipment
  
- Office Work
  - Filing
  - Making Phone Calls
  - Data Entry
  
- Barn Work and Repair
  - Tack Cleaning
  - Clean Empty Stalls
  - Laundry (Washing Saddle Pads / Folding Laundry)
  
- Property Improvements/Maintenance/Repairs and Beautification
  - Handyman Services
  - Painting (Fences, House, Barn, Office Interior, etc.)
  - Hanging Pictures / Decorating
  - Gardening, Weeding and Yard Work
  - Specialized Contractor Services (Flooring, Electrical, Plumbing, Roofing, etc.)
  
- Office Cleaning
  - Vacuuming
  - Dusting
  - Mopping
  - Cleaning Bathrooms
  
- Other \_\_\_\_\_ (please specify)

You may not realize that your special skills and talents could be of great help to our program and riders. Also, your affiliation (past or present) with an employer, professional association, social club or faith congregation may give us an opportunity to reach out into the community to let others know about our program. PLEASE TELL US BELOW ABOUT ANY SPECIAL SKILLS OR AFFILIATIONS THAT YOU WOULD LIKE TO SHARE WITH US:

**Current or Former Employer(s) / Professional Skills:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Special Talents / Skills:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**COVID-19 ACKNOWLEDGEMENT OF RISK AND ACCEPTANCE OF SERVICES**

AS OF 1 May 2020 – REQUIRED FOR ALL STAFF, CONTRACTORS, VOLUNTEERS AND CLIENTS.

I, \_\_\_\_\_, am aware of the risks of contracting or spreading Covid-19 while working or volunteering at Inspire Equine Therapy Program; attending an event; and/or receiving face-to-face services from Inspire Equine Therapy Program during the time of a pandemic outbreak, and /or Florida Governor’s or Pinellas County’s declaration of a “stay-at-home” order(s).

I am aware that face-to-face services and experiences increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless Inspire Equine Therapy Program and its residents, members, officers, managers, agents, employees and all other individuals I may come in contact with during this interaction and receiving of services, providing services, attending an event or volunteering within this organization. I am aware of the options that may be available for remote services including, telephonic and video telehealth, as allowed by insurances and State Licensing Board recommendations, during this Pandemic outbreak.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Inspire Equine Therapy Program; as well as my individual provider/practitioner. This may include, but is not limited to, waiting in my vehicle and/or home until I am asked to enter the building/farm; maintaining social distance; washing my hands prior to and following each session or activity; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective medical mask and/or gloves.

I agree to stay home and/or cancel my services should I have personally exhibited or have been in contact with someone who has presented with illness within the previous 24 hours to 2 weeks, including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regards to my future services or attendance during this pandemic.

Inspire Equine Therapy Program will engage in regular cleaning of the facility, horse tack, grooming supplies and office, doors, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC for the safety of clients, employees, volunteers and horses.

I am signing under my own free will and agree to follow these and hold harmless all individuals associated with or through my services acquired from Inspire Equine Therapy Program.

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT.

\*In the event that the undersigned is under the age of 18, the signature of a parent or guardian is required.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF SIGNING ON BEHALF OF YOUTH UNDER AGE 18, PLEASE PROVIDE NAME(S) OF ALL YOUTH THIS APPLIES FOR:

1. \_\_\_\_\_
2. \_\_\_\_\_