

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

Freedom Heroes and Equines Program Participant's Application & Health History

GENERAL INFORMATION

Participant: _____

DOB: _____ Age: _____ Height: _____

Weight: _____ Gender: M F

Address: _____

Phone: _____ E-mail: _____

Alternative #: _____

Employer/School: _____

Address: _____

Phone: _____

Emergency Contact: _____

Address (if different from participant): _____

_____ Phone: _____

How did you hear about the program? _____

DEMOGRAPHICS

In each category below circle all options that apply to you:

Age: under 18 19-25 26-35 36-45 46-55 56-65 65 & up

Race/Ethnicity: Hispanic Caucasian Asian African American

Hawaiian/Pacific Islander More than one race Other No Answer

Military Service: Army Marine Corps Navy Coast Guard Air Force

National Guard Reserves Currently On Active Duty Status

Family member/significant other of service member

Primary Readjustment/Mental Health Issue:

Combat Veteran with general readjustment issues Diagnosed with PTSD

Survivor of Military Sexual Trauma with general adjustment issues Diagnosed with Depression

Diagnosed with Substance Abuse Issues N/A

Other diagnosis or presenting issue (please describe)_____

Are you one of the following (check all that apply) :

Combat Veteran Survivor of Military Sexual Trauma (MST)

Family member of a combat veteran Family member of a survivor of MST

Bereaved Family member of a military service member who died on active duty

Non-Combat or MST Service Member Other_____

If you are a Combat Veteran which conflict did you serve during (check all that apply):

WWII Korean War Vietnam War Persian Gulf Somalia Panama Granada

Lebanon Bosnia Kosovo OIF OEFOND

Other (please describe)_____

Disability Status: Service Connected & Working Service Connected & Not Working

Never Submitted A Claim N/A

Treatment Status: In Mental Health Treatment-less than 1 year In Mental Health

Treatment-more than 1 year Not In Mental Health Treatment

Horse Experience: Less than one year More than one year No experience

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 _____

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

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

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.

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.

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 and Name 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 use of 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 and full name 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 or photographic images.

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.

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

Date

COVID-19 ACKNOWLEDGEMENT OF RISK AND ACCEPTANCE OF SERVICES

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: _____