

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

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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

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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 _____

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

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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.

Adult/Parent/Guardian Name (Print)

Adult/Parent/Guardian Signature

Witness Name (Print)

Witness Signature

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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, 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.

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

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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, Inspire's 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:

- Therapeutic 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: