



Howey Horse Haven Rescue
22109 N Buckhill Road
Howey in the Hills, FL 34737
352-223-8761
www.howeyhorsehavenrescue.org

a 501c (3) non-profit organization

Volunteer Release

MUST CONTAIN ORIGINAL SIGNATURES

This form must be completed and submitted for EVERY PARTICIPANT at Howey Horse Haven Rescue, Inc. (hereinafter, HHHR) before engaging in ANY horse related activity. It is the participant's*responsibility to ensure that all information is complete and accurate, and to notify HHHR in the event of any changes.

Contact Information: Please Print

Today's Date: _____

Participants*Name: _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Home/Work Phone _____ Cell Phone _____ Email _____

Emergency Information

Please notify the following individual(s) immediately in the event of a medical emergency:

Name: _____ Relationship: _____

Address _____

City _____ State _____ Zip _____

Home/Work Phone: _____ Cell Phone _____

Other Emergency Contact

Name: _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home/Work Phone _____ Cell Phone _____



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Family Physician: _____ **Phone Number** _____

Address: _____

City _____ **State** _____ **Zip** _____

Date of last Tetanus Shot: _____

List of all special medical conditions, medications or allergies that staff or emergency personnel should be aware of: _____

Signature: _____ **Date:** _____

(Participant* or parent/guardian if under 18)

Participant: any individual who knowingly participates in a HHR activity on or off HHR property, including barn/farm labor, educational/fundraising activities, and any other activity at a location sponsored by HHR.



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Please Read Carefully and Initial beside each statement below:

Participant Parent

_____ _____

I understand that horses are independent living beings and can be unpredictable

_____ _____

I understand that there are always elements of risk in equestrian activities, including *Permanent disability or death*, that common sense and personal awareness can Help reduce.

_____ _____

I am aware that at all times when on Howey Horse Haven Rescue Property it is my Responsibility to:

- 1) Be alert and respectful of horses' intentions signaled with their ears and eyes and carried out with their teeth and hooves.
- 2) Speak in a reassuring tone when approaching a horse or horses and avoid sudden movements or noises.
- 3) Never leave horses unattended with their stall door open, in stable, while they are tied or in the riding arena.
- 4) Always lead horses properly with a lead rope.
- 5) Always wear appropriate clothing, including durable close toe shoes.
- 6) Put away tack and equipment after using.
- 7) Know locations of emergency, telephones, ambulance and veterinarians' phone numbers, and farm staff.
- 8) Never be intoxicated in the stable or allow others to be so.
- 9) Read and obey all posted information and warnings.
- 10) Comply promptly with all verbal directions of HHHR staff and instructors unless I believe that by doing so I will endanger myself, other people or horses, in which case I will immediately express my opinion to the person involved.
- 11) Refrain from acting in any manner that may cause or contribute to my injury or the injury of other people or horses.



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Participant Parent

I am aware that at all times when riding, it is

MY RESPONSIBILITY to:

- 1) Always ride with another person.
- 2) Check all equipment and tack, including the saddle, girth, straps, bridle and bit before using for signs of weakness and proper adjustment.
- 3) Use proper equipment and attire, including a regulation helmet with a chin strap snugly fastened at all times and boots with heels. If I choose not to wear one, I am wholly responsible for any consequences.
- 4) Ride in control ONLY on horses rated within my ability level.
- 5) Be constantly aware of anticipate and be able to avoid nearby horses, people and obstacles, or natural and manmade hazards.
- 6) Never tailgate and always audibly alert nearby riders and people on the ground before changing direction or overtaking another horse.

Participant Parent

I understand that this is only a partial list, and must be safety conscious and exercise sound judgment AT ALL TIMES. ANYONE found to be endangering themselves; other people or horses face immediate revocation of riding privileges WITHOUT EXCEPTION.

Signature: _____ Date: _____

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Must contain original signature before handling any horse:

I hereby acknowledge and assume the risk of participating in any and all horse related activities, including riding at HHR or in any and all locations where HHR activities take place. I hereby release HHR, its officers, staff members, volunteers, instructors, advisors and/or agents in any location where horse related activities are conducted or horses and/or property are used. I release HHR from responsibility for accidental physical injury, including death or illness and loss of personal property while at HHR. I agree to remain fully liable and responsible for any such hospital, doctor, ambulance, dental or medical fees in the event of an injury to me as a result of my participating in any and all activities involving HHR. I understand that **HHR does NOT provide health, accident or liability insurance** to participants*.

I acknowledge that there is a valid consideration to executing this release. The invalidity of any statement or waiver of rights above under local, state or federal law does not invalidate any other statement or waiver of right above.

Signature: _____ Date: _____

(Participant* or parent/guardian if under 18)

Photo Release

I _____ Do
 _____ Do Not

Consent to and authorize the use and reproduction by Howey Horse Haven Rescue of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of HHR.

Signature: _____ Date: _____

(Participant* or parent/guardian if under 18)



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OPTIONAL: AUTHORIZATION FOR TREATMENT

The undersigned participant*, _____ and parents or legal guardian of a minor participant* authorizes members of HHHR as agent(s) to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician, licensed emergency medical technician or surgeon, whether on HHHR property, in a remote location, in an office or in a licensed hospital. This authorization is given in advance of any required care to empower the agent(s) to give consent for such treatment as the health care giver may deem advisable. This Authorization will remain effective indefinitely unless revoked in writing.

Signature: _____ Date: _____

(Participant* or parent/guardian id under 18)

Health Insurance Carrier: _____ Policy# _____

Health Insurance Phone# _____

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