|  |  |  |  |
| --- | --- | --- | --- |
| Person Information | | | |
| First Name |  | | |
| Last Name |  | | |
| Date of birth |  | | |
| Address |  | | |
| City/State/Zip |  | | |
| Phone |  | Alt Phone |  |
| Gender |  | Ethnicity |  |
| Height |  | Weight |  |
| Email |  | | |
|  | | | |
| Emergency Contact Number One | | | |
| First Name |  | | |
| Last Name |  | | |
| Cell Phone |  | Work Phone |  |
| Relationship |  | Permission to Discuss Emergency |  |
| Email |  | | |
|  | | | |
| Emergency Contact Number Two | | | |
| First Name |  | | |
| Last Name |  | | |
| Cell Phone |  | Work Phone |  |
| Relationship |  | Permission to Discuss Emergency |  |
| Email |  | | |
|  |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Medical Conditions | | | |
| Please list any allergies |  | | |
| Medical Issues to be aware of in case of an emergency |  | | |
| Primary Doctor |  | Work Phone |  |

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| Authorization of Emergency Medical Treatment |

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize Hooves with H.E.A.R.T.; Cavalli Creek Farms; Capstone farms and or any of their managers, facilitators or agents to secure and retain medical treatment and transportation, if needed and release records upon request to the authorized individual or agency involved in emergency medical treatment.

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Signature |  |

If applicant is under 18 years of age, parent or guardian signature is required

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Signature |  |

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| Authorization of Photo, Video and Publicity |

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| --- | --- |
| Authorize | YES NO  By engaging in activities/programs at Cavalli Creek Farms for either private events, as Hooves with H.E.A.R.T.; Cavalli Creek Events or Capstone Farms, I understand that I/my child/ward maybe photographed, filmed or videotaped and I hereby give the above entities the unqualified right to take pictures and/or recordings of me/my child/my ward and grant the perpetual right to use that likeness, video, image photograph (collectively “image”), without compensation, for broadcast or to exhibition in any medium and to put the finished images/recordings to any legitimate use without limitation or reservation. I hereby waive, release, and forever discharge the above entities from against any and all claims or actions arising out of or resulting from any use of such image. Hooves with H.E.A.R.T., Cavalli Creek Farms, Capstone Farms shall not be obligated to use and may elect not to use any image. |
| First Name |  |
| Last Name |  |
| Signature |  |

If applicant is under 18 years of age, parent or guardian signature is required

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Signature |  |

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| Confidentiality Policy |

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| First Name | At Hooves with H.E.A.R.T., we place great importance on protecting the confidential information of our clients, our staff, and our volunteers. “Confidential information” includes, but is no limited to, personally identifiable information such as surnames, telephone numbers, addresses, emails, etc. as well as non-public business records of Hooves with H.E.A.R.T., Cavalli Creek Farms and Capstone Farms. Medical information about clients, an information about their disabilities or special needs, must be protected as confidential information. I shall never disclose confidential information to anyone other than the staff of the named entities. I must seek staff permission before taking any pictures or videos. I have read and understand Hooves with H.E.A.R.T. Confidentiality Policy and agree to abide by same. |
| Last Name |  |
| Signature |  |

If applicant is under 18 years of age, parent or guardian signature is required

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Signature |  |

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| Liability Policy |

I acknowledge the risks and potential for risks of horseback riding and related equine activities including grievous bodily harm. However, I feel that the possible benefits to myself are greater than the risks assumed. I hereby, intending to be legally bound for my myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Hooves with H.E.A.R.T, Cavalli Creek Farms and Capstone Farms, its Board of Trustees, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and /or loses I may sustain while participating in activities, events or programs with the mentioned entities from whatever cause, including but not limited to the negligence of these related parties.

The undersigned and acknowledges that he/she has read this registration form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof

*Warning:*

*Under Florida law, an equine activity 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 activity.*

*Fla. Stat. S773.05 (1993)*

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Signature |  |

If applicant is under 18 years of age, parent or guardian signature is required

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Signature |  |

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| Parent/Guardian Waiver for Minors |

I hereby certify that I am the parent or guardian of the minor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with Date of Birth of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and do hereby give my consent without reservation to the foregoing on behalf of the named individual.

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Signature |  |