



Horses & Heroes Participant Application

Today's Date: _____

Participant Name: _____ Date of Birth: _____ Age: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Preferred method of communication: Call
 Text
 E-mail

Emergency Contact: _____ Phone: _____

Military Service

Dates of Service From: _____ To: _____

Branch of Service: _____ Rank at Separation: _____

Combat Exposure: (Circle one) Y / N

Health Information

Have you been diagnosed with, or have symptoms of any of the following?

- Addiction/Substance Dependency Anxiety Arthritis Chronic Pain
 Depression Post-Traumatic Stress Disorder Tinnitus Traumatic Brain Injury

Demographic Information

Optional, used for grant purposes only

Ethnicity: Asian Black or African American Latino/Hispanic Native American
 White/Caucasian Other _____ Prefer not to answer

Which of these describes your personal income?

- \$0 Under \$25,000 \$25,000-\$50,000 \$50,000-\$75,000 Above \$75,000 Prefer not to answer

Photo Release

___ I DO ___ I DO NOT

Consent to nor authorize the use and reproduction by Heavenly Hooves Inc. (DBA McCormick Research Institute) of any and all photographs and any other audiovisual materials taken of me for promotional printed material, education activities, or for any other use for the benefit of the program.

Date: _____ Signature: _____

Liability Release

Participant hereby desires to engage in the following equine activity, to wit: HEAVENLY HOOVES/MCCORMICK RESEARCH INSTITUTE, located in Osceola County, Florida. For and in consideration of the above activities and services; receipt and sufficiency of which is hereby acknowledged, Participant hereby does forever and finally release, remise, acquit, satisfy, and forever discharge Osceola County (Florida) and all related entities including Osceola County Board of Commissioners, and all of their past, present, and future partners, owners, directors, officers, shareholders, representatives, agents, and employees, and all of their respective successors and assigns, individually and in their official capacities (collectively, "Released Parties") and Heavenly Hooves, Inc., (dba McCormick Research Institute) a Florida Corporation and all related entities; officers, directors, agents, sponsors and employees of and from all manner of action and actions; cause and causes of action, suit, debts, dues, sums of money, bonds, billings, contracts, controversies, agreements, promises, damages, variances, judgments, executions, claims, and demands whatsoever, in law or in equity, which may arise or might in the future arise, herein after may arise for or against the equine activity sponsor for the activities stated above. This document is meant to be a full and complete release from any and all liability that may arise from participating in the above described equine activity, or from any activity the participant may engage on the equine activity sponsor's and Osceola County property in preparation for the above described equine activity. This release is given freely and voluntarily by the participant and is meant to remain in existence throughout the period prior to and throughout the duration of the equine activity.

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 activities. FLORIDA STATE STATUTE-CHAPTER 773.

This release and indemnity has been carefully and fully read by the undersigned, and the undersigned fully understands its terms and conditions, and has voluntarily executed and delivered this release of indemnity as of this date. Date: _____

I have read the above release and indemnity in full, and I consent and agree with the terms set forth. I fully understand its terms and conditions, and I hereby voluntarily execute and deliver this release and indemnity and consent to participation in the activities. I further agree to be fully bound by the terms and conditions of the Release and Indemnity in my individual capacity as indicated above.

PRINT NAME: _____ (Participant)

SIGNATURE: _____ (Participant)

Policies and Procedures

Clothing: Participants should wear long pants such as riding breeches, jeans, or leggings. Shoes or boots with a closed toe are required. Participants should avoid wearing jewelry. Safety helmets that meet ASTM-SEI requirements are required to be worn by all riders and will be provided.

Change of Health or Medication Status: Participants must inform McCormick in writing of any changes in health status and conditions.

Safety and Conduct for Participants & Visitors: McCormick supports all efforts to promote safe conditions at its facility. The following rules must be adhered to at all times:

- Participants are required to use gentle hands and feet while on or near any horse.
- Running, yelling, abusive, or aggressive actions are not allowed.
- Participants that display behaviors that are abusive and/or disruptive in manner to other participants, horses, staff, or volunteers will not be allowed to participate for the safety of everyone involved.
- Appropriate attire and footwear (no sandals) are required in barn and paddock areas.
- No pets are allowed on the grounds.
- Smoking, alcohol, illegal substances, and weapons are not allowed on the premises.
- Visitors wishing to tour the facility or grounds must be escorted by McCormick staff.
- Please respect any posted off-limit areas.

Confidentiality: Any information pertaining to the participants is held in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the most basic responsibilities of our staff and volunteers.

Statement of Participant Eligibility or Dismissal: Eligibility criteria: Veteran with military service on or after September 11, 2001, have PTSD, anxiety or depression, and weigh under 275 pounds. Eligibility for participation is based upon an individual's ability to participate meaningfully and safely, provided that the necessary resources are available (appropriate equine, lack of medical contraindications, etc.). Due to the nature of equine assisted services, there are individuals for whom McCormick programs are deemed inappropriate during the evaluation process, not accepted for enrollment, or ineligible to continue in McCormick programs. McCormick reserves the right to discontinue participation of an individual in its programs when its deemed that the discontinuance is in the best interests of McCormick and/or the individual concerned. ***McCormick reserves the right to decide when we are unable to serve an applicant due to unavailable resource(s) and/or safety concerns including guidelines related to contraindications for participation.***

Attendance and Cancellation Policy: If you know in advance that you will be unable to attend a class, please advise us as soon as possible by calling 407.933.7433, ext. 1. Upon registering for a semester, you are committing to participate for the duration of the entire semester.

By signing below, I agree that I have read and understand the above written policies and procedures.

Participant's Name: _____

Signature: _____ Date: _____

Health History

Diagnosis: _____ Date of Onset: _____

Please indicate current or past concerns in the following areas:

Areas	Y	N	Comments/Explain any 'yes' responses
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/ Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			List:
Medications			List:
Medical/Ambulatory Devices (wheelchair, service animal, walker, etc)			List:

This Health History is up-to-date and accurate, to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____