



Horses & Heroes Participant Application

Today's Date: _____ Participant Name: _____

Date of Birth: _____ Age: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian (if applicable): _____ Phone: _____

Email: _____

Dates of Service From: _____ To: _____

Branch of Service: _____ Highest Rank Achieved: _____

Emergency Contact: _____ Phone: _____

Photo Release

___ I hereby consent to and authorize the use and reproduction by Heavenly Hooves Inc. (DBA McCormick Research Institute), and UCF College of Medicine 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.

___ I DO NOT consent to nor authorize the use and reproduction by Heavenly Hooves Inc. (DBA McCormick Research Institute), and UCF College of Medicine 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

KNOW ALL MEN BY THESE PRESENTS, that _____
Participant's Name

Residing at: _____,

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 _____ DAY OF _____, 20 _____

I, _____ (Participant) 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

Listed below are policies and procedures for our participants. Please read this form in its entirety then sign below and return it to the Horses & Heroes program manager.

Clothing

Riders should wear long pants such as riding breeches, jeans, or leggings to prevent chafing of legs. Shoes or boots with a closed toe and small heel are the safest form of footwear. Riders should avoid wearing jewelry, especially long, dangling earrings. Safety helmets that meet ASTM-SEI requirements are required to be worn by all riders and will be provided.

Inclement Weather

Please do not assume that classes will be cancelled due to bad weather. For some participants it may mean that a stable management/horse care class or activity will take place in the barn. If classes are cancelled, a member of our staff will contact you.

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. Working with horses is a high-risk activity. 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.
- Riders must wear closed-toes shoes.
- Hand-feeding of the horses is not allowed under any circumstance.
- No pets are allowed on the grounds.
- Smoking, alcohol, or illegal substances 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.
- McCormick has taken careful assessment of its facility and grounds in the development of a comprehensive Risk Management Plan. Emergency procedures are posted in the barn and are available at the Volunteer Sign-In desk for your review.

Volunteer Program

Volunteers have always played an important role in the programs and development of McCormick Research Institute. We encourage you to consider volunteering. Please see a staff member or contact the volunteer manager for more information.

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.

Telephone

The telephone located in the office may be used by our participants as needed. Please see staff for assistance.

Conflict Resolution

Problems should be handled immediately, confidentially, and directly between the parties involved and McCormick staff. Participants who feel that their concerns are not being addressed may contact the program manager.

Consultation

The McCormick staff are available for consultation throughout the application and enrollment process, as well as during the program sessions. Comment forms are available in the lounge, or you may contact the program manager with any questions, concerns, or suggestions at: 407.933.7433.

Program Newsletter

A periodic newsletter for participants is occasionally sent via email, posted on the bulletin board, and available in the lounge. It includes program highlights, upcoming events, and relevant program updates for participants, families, caregivers, and involved professionals.

Participant and Volunteer Information Bulletin Boards

The bulletin board includes a variety of information and upcoming events. Please be sure to check it regularly and feel free to contribute.

Website

Please visit the McCormick Research Institute website at www.mccormick.us for detailed information on our programs, as well as calendar items and upcoming events.

Non-Discrimination Policy

McCormick Research Institute accepts participants and volunteers regardless of income, race, color, nationality, or ethnic origin.

The Florida Equine Liability Act: Assumption of risk by person engaged in recreational equestrian activities.

Each person engaged in equestrian activities shall assume the risk and legal responsibility for any injury to his person or property arising out of the hazards inherent in equestrian sports, unless the injury was caused by the negligence of the person providing the horse or horses to the individual engaged in recreational equestrian activities or the failure to guard or warn against a dangerous condition, use, structure or activity by the person providing the horse or horses or his agent or employees.

Equine Code of Ethics

McCormick Research Institute will support Equine Assisted Therapy activities while providing the horses in its care with the highest ethical consideration. Horses working in programs are selected by the professional staff. Once a horse is in residence, it becomes a reflection of the program in its entirety. The care of each horse is given with professional expertise and management. The McCormick staff considers the comfort and well-being of each rider, volunteer, and horse their highest priority. Horses are scheduled to work in a manner consistent with their physical ability. The needs of the herd are met with regard to workload, feeding, and general care. Prior to work in program, each horse is inspected for injury, illness, or discomfort. Horses are not asked to work when they are uncomfortable or unfit. Horses no longer able to serve in the McCormick programs are given every consideration when placed elsewhere.

Equine Limitations

It takes a special horse to become a part of the McCormick herd. Only a small percentage of trial horses end up in the program, demonstrating that they have patience, tolerance, and the steady rhythmic gait required to be a good therapy horse. And like people, no two horses are alike—each offers specific benefits to our riders, with their own needs and limitations. Therefore, it is critical that we do not exceed each horse's weight limit and work schedule established by equine professionals. We ask for your understanding as we try to best serve our riders within the limits of our herd.

Statement of Participant Eligibility or Dismissal

Due to the nature of the horses' work, Heavenly Hooves has a weight limit of 250 pounds or less for ambulatory persons. Weight limitations may differ for persons requiring a full transfer (mounting onto horse) and will be at the discretion of the instructor. Certain conditions require additional precautions to be taken when on or around horses and **some conditions are contraindications (are not safe for) horseback riding**. Horseback riding may not be a suitable recreational activity for certain individuals. Most activities have some type of precautions and contraindications for participation and horse riding is no exception. Behavioral issues that may cause harm to the animals, instructors, or volunteers, or place the participant in a dangerous situation cannot be tolerated. Individuals who have spinal curvatures that are unable to accommodate the movement of the horse, or those who lack neck and trunk control—to name a few—may not be suitable participants.

Eligibility for participation in programs is based solely upon an individual's ability to participate meaningfully and safely, provided the necessary resources are available. McCormick fully ascribes to the Precautions and Contraindications as recommended by the PATH Intl. Medical Committee, as well as professional standards. Due to the nature of therapeutic riding and other equine related activities, 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. This determination is made on the basis of physical, behavioral, and other limitations. During reviews, or as the result of unusual occurrences during a program session, professional staff may find that continuance in the program for a given individual is inappropriate. For this reason, McCormick reserves the right to discontinue participation of an individual in its programs when it is deemed that 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 relating to contraindications for participation.***

Board of Trustees

As a nonprofit corporation with 501(c)3 tax exempt status, McCormick Research Institute is governed by a voluntary 15-member Board of Trustees.

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: _____

Medical Emergency Treatment Form

If emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on Heavenly Hooves' property, I authorize Heavenly Hooves, Inc. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant's Name: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Date: _____ Consent Signature: _____

Participant

Print Name: _____ Phone: _____

Address: _____

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of McCormick Research Institute. If emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Non-Consent Signature: _____

Participant

Print Name: _____ Phone: _____

Address: _____