



**Horses of Hope Riding - MO Inc.**  
 5454 E Farm Rd 186 – Rogersville, MO 65742  
 6968 SE 20<sup>th</sup> – Baxter Springs, KS 66762  
 4926 S 172<sup>nd</sup> Rd – Bolivar, MO 65613



## Volunteer/Staff Information Form and Health History

### General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Employer/School: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Legal Guardian/Caregiver Name/Address/Phone Number: \_\_\_\_\_

How did you learn about the program? \_\_\_\_\_

Recent medical tests: \_\_\_\_\_ Last Tetanus Shot: \_\_\_\_\_ Tuberculosis Test + — Date: \_\_\_\_\_

(Consult your physician or local health department if you are not up to date with these shots/tests)

### Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

### Check areas in which you are interested:

Program

- Horse Handling
- Sidewalking with a Student
- Stable Management
- Facility Repairs

Special Events

- Horse Show
- Fundraising
- Special Olympics
- Trail Rides

Administration

- Public Relations
- Grant Writing
- Newsletter
- Volunteer Recruitment

- Photography/Video
- Budget & Finance
- Future Planning

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Volunteer/Staff Information Form and Health History -

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Photo Release

I  DO

DO NOT

consent to and authorize the use and reproduction by Horses of Hope Riding Center, Inc. and/or Horses of Hope-MO, Inc., of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Background Information

Have you ever been charged with or convicted of a crime? Y N Please explain \_\_\_\_\_

I, \_\_\_\_\_ (volunteer/staff), authorize Horses of Hope Riding Center, Inc. and/or Horses of Hope-MO, Inc. to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize the PATH Intl.center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(volunteer/staff)*

CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

### Confidentiality Agreement

I understand that all information (written and verbal) about participants at this PATH Intl. center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(volunteer/staff)*



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5454 E. Farm Road 186 · Rogersville, MO 65742

Horses of Hope Riding Center, Inc.  
6968 SE 20<sup>th</sup> St • Baxter Springs, KS 66713

## Release of Liability

As a participant, or any type of activity at Horses of Hope Riding Center, I acknowledge the risk and potential for risks of a horse/small animal related activity center. However, I feel that the possible benefits to myself or the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Horses of Hope Riding Center,, it's board of directors, foundation board, instructors, therapists, volunteers and/or employees, lessees or land owners for any and all injuries and/or losses I may sustain while participating in or at Horses of Hope Riding Center.

I am fully aware of, understand and agree with the following Kansas Law:

Code of Kansas – ALS 290, as it reads below:

**Warning – Under Kansas law, an equine activity sponsor or professional shall not be liable for any injury to, or the death of a participant in an equine act resulting from the inherent risk of equine activities.**

\_\_\_\_\_

Rider Name Printed: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

Rider or Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Check activities you will be involved with:

Volunteer     Rider     General work with horses/animals

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## Photo Release

**PHOTO/VIDEO RELEASE:** I hereby grant Horse of Hope Riding Center and Horses of Hope – Missouri, Inc. permission to use any and all photographs, slides and any other audiovisual materials in which I may appear for the express purpose of promoting Horses of Hope's programs and I do not expect, nor shall I receive any monetary reimbursement for this authorization.

\_\_\_\_\_ (consent-initial)

\_\_\_\_\_ (non-consent-initial)



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## Authorization for Emergency Medical Treatment Form

Participant     Staff     Volunteer

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

### In the event of an emergency contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency,

I authorize Horses of Hope Riding Center, Inc. and/or Horses of Hope-MO, 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.

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(s) above is unable to be reached

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

Client, Parent or Legal Guardian

### 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 the agency.

- Parent or legal guardian will remain on site at all times during equine assisted activities.
- In the event emergency treatment/aid is required, I wish the following procedure to take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_

Client, Parent or Legal Guardian



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## COVID-19 Release of Liability

I am aware of the risks of contracting COVID-19 while participating in equine activities at Horses of Hope - MO, Inc./Horses of Hope Riding Center, Inc. I am also aware that face to face activities may increase my risk of contracting and spreading Coronavirus and hold harmless Horses of Hope - MO, Inc./Horses of Hope Riding Center, Inc., staff, volunteers and all others I may come in contact with while participating in equine activities at

Horses of Hope - MO, Inc./Horses of Hope Riding Center, Inc. I recognize that if I come to Horses of Hope - MO Inc./Horses of HOpe Riding Center, Inc. after being exposed to or infected with COVID-19, the facility will have to close completely for an indefinite period of time. I have read and agree to follow all p policies and procedures as outlined in the Horses of HOpe - MO Inc./Horses of Hope Riding Center, Inc. RE-Opening Plan and COVID-19 Related Policies and Procedures document. Furthermore, I agree to hold harmless all individuals associated with any activity I participate in at Horses of Hope - MO Inc./Horses of Hope Riding Center, Inc.

Participant (please print): \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Participant/Volunteer is under 18

Guardian/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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As we look to the future for Horses of Hope – MO, Inc./Horses of Hope Riding Center, Inc. we know everyone is anxious to get back to the barn! There is much to consider regarding following CDC, State of Kansas and local Cherokee County guidelines and keeping riders and their families, volunteers, and staff safe. After careful examination of the programs and the facility, it has been determined that we will move forward with these new policies and procedures.

### **Policies:**

**\*All riders, guardians, volunteers, and staff must sign a new liability release, specific to Covid-19.**

\*During all stages of re-opening, if the rider/guardian/volunteer shows symptoms of illness or has been exposed to anyone who is ill, **DO NOT COME!**

\*If any person who has been in the facility is exposed to someone else who tests positive for COVID-19, please notify us **immediately**. The facility will be shut down for a minimum of 14 days and anyone who was on site with possible exposure will be notified immediately.

\*If you have had exposure or possible exposure to the Covid-19 virus, you cannot attend Horses of Hope for 2 weeks, from the date of exposure, to eliminate possibility of spreading the virus.

\*No one will be allowed to enter the facility for 14 days following travel outside the US or to any high COVID-19 area within the US. All travel must be reported to staff.

*\* All caregivers, volunteers, and staff must have a mask on at all times while on the property. If participants can/will tolerate wearing a mask, we ask that they do so. If participants cannot wear a mask, we will still provide services for them.*

**\*All mounted participants must have their own riding helmet.** Helmets must be rated ASTM/SEI for equestrian use. If you need assistance with acquiring the correct helmet, please contact us. There will be a place to store your helmet at the barn. If you come to lessons and do not have your helmet, you **will not** be allowed to ride.

\*Please do not pet any horses, dogs, or goats at the facility.

## **New protocols implemented June 1, 2020.**

### **Entrance and Exit Barn Protocols:**

- 1. Participants and caregiver will remain in their vehicle until staff comes to bring them into the barn.**
2. Each participant is allowed only one parent/guardian over 18 with them at the facility to limit the number of people and help maintain proper 6ft social distancing. No siblings, friends or pets will be allowed.
3. WAIT IN YOUR CAR for a staff member to come get you and escort you into the facility through designated entrance.
4. Everyone must sanitize or wash their hands when they enter. There will be a hand sanitizing station at the door, or you can use the restroom marked for handwashing.
5. Participant will then follow instructor to the arena/mounting ramp to begin lesson.
6. Participants will not be allowed to give their horse treats, to eliminate as many touch points as possible. They can bring treats to leave with the instructor to give their horse after the lesson.
7. The adult who is accompanying the participant will be shown a place they can sit and wait in the arena. You will be required to stay in that area. Stalls, horse pens and all areas of the barn are off limits. All offices and indoor spaces are off limits currently. The accompanying adult can also wait in their car if they wish. Once participant is done with their lesson, they will sanitize or wash their hands and staff will walk with them to their car. Everyone will exit thru the big south door.
8. Staff will sanitize/clean all equipment and surfaces between lessons and at the end of each lesson day. Equipment and horses will be cleaned after each lesson.
9. Horses of Hope Staff and volunteers will wear masks during all activity and contact with clients, and will adhere to strict and frequent hand washing and sanitizing.

Thank you for your understanding and cooperation in following the above policies and procedures until further notice. It is our priority to keep our barn community safe as we move forward in this unprecedented time. Please contact us for any questions or concerns.