



Dear Prospective Volunteer:

The Healing Hoofbeats Therapeutic Riding program was developed to allow people and horses to come together to have positive experiences. The Healing Hoofbeats program teams people of all backgrounds and abilities with horses of different breeds and histories. Both parties have ended up at Red Oak Farms in an attempt to better themselves and improve their horsemanship skills. This is a horsemanship program where the secondary effects of being with horses are often primary to the health and well being of the participant. Hopefully you will also feel some of these effects.

Volunteers are the life of our organization and have a huge influence on the success of the program, session and individual rider. We welcome people with many different skills and ask that you look at the program as a whole and make suggestions as to where you can be helpful and successful. All volunteers will receive training and guidance and the program manager will work diligently to keep the lines of communication open. We value your input. Please, if you have comments or suggestions discuss them with the program manager.

Prior to assisting the program, volunteers are required to fill out and return the following attached forms.

- Volunteer/Staff Information and Health History Form
- Liability Release
- Emergency Medical Treatment
- HIPPA Statement

Please review the following job descriptions and see which ones may be appropriate for you.

### **Volunteer Job Descriptions**

**Administrative:** Administrative volunteers review all intake, assessment, lesson plan and other participant paperwork for completeness and ensure that all center and horse related documents are up to date and filed appropriately. Administrative volunteers will meet with each volunteer and participant annually to update records. When dealing with participant paperwork confidentiality is imperative and HIPPA standards must be complied with. Administrative volunteers will also answer phones and send out any requested information to prospective clients or others.

**Leaders:** The leader is the person that leads the horse during the lesson. Leaders are responsible for tacking horses. The board will list the rider, horse and tack required for the lesson and the leader responsible for preparing the horse and leading the lesson. The leader is to focus on the horse throughout the lesson including mounting and dismounting. The leader is to maintain two hands on the lead rope at all times and inform the instructor of any problems with the horse. The leader does not talk with the rider during the lesson and waits for the rider to direct the horse before following the instructor's direction to the rider. Leaders must be over 16 years old and attend a training session before being assigned a lesson. In addition to session duties leaders are responsible for regular checks of the equine first aid kit.

**Sidewalker:** Sidewalkers walk next to the rider while they are mounted. They may also hold the rider and assist with balance and cues. Sidewalkers are responsible for the safety of the riders. They will also assist the instructor by providing physical prompts to the rider during the lesson. It is important that the sidewalkers do



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not talk with the rider unless requested by the instructor to allow the rider to focus on the task and hear the instructor. Sidewalkers will greet the rider, help with finding and fitting their helmets, bring the participant to the waiting area for their lesson, assist with mounting/dismounting and sidewalk during the lesson.

Sidewalkers must be over 16 yrs old and attend a training session to learn and practice skills required in being an effective and safe sidewalker. In addition to session duties sidewalkers are responsible for regular checks of the human first aid kit.

**Exercise Riders:** Exercise riders will be assigned horses and given a schedule with objectives for each horse by the program manager. Riders are required to walk, trot, canter and effectively use aids. They will perform a demo ride for the program manager before being assigned horses to ride independently. Exercise riders will assist the program manager on intake assessments of horses, maintaining the horse profiles and medical records and administering vaccinations, wormer, etc. Horse profiles will be updated every 6 months. Exercise riders must be over 16 years old.

**Grooms:** Grooms assist with the overall care of the horses. This may include brushing, cleaning/ adjusting tack, cleaning stalls, bathing, treating any skin conditions or injuries, feeding, barn maintenance, etc. Grooms will not be required to complete a formal training session but will be trained as they go.

**Maintenance:** Maintenance volunteers will assist with the overall maintenance of the facility as well as new construction related to improving conditions for horses and participants. This may include general repairs as well as minor constructing projects. These volunteers will be overseen by the program manager and facility manager. A general background in construction and/or maintenance is helpful.

**Fundraising and Advertising:**

Fundraising and Advertising are crucial to a non-profit Corporation like HElaing Hoofbeats. This allows us to purchase adaptive equipment, construct appropriate facilities for our clients and provide a scholarship fund for those that require assistance to participate in the program. These volunteers with work with the Program Director work independently search for grants and advertising options.

Once you have reviewed and prepared all of the required documentation please call to set up a meeting and tour the facility. We are looking forward to you becoming and integral member of the Healing Hoofbeats team and truly appreciate you offering to volunteer with us. To contact me please call (850) 722-5400 or email to amy@redoakfarms.net.

Sincerely,

Amy Pachucki  
Program Director  
*Healing Hoofbeats*



**ADULT LIABILITY RELEASE**

(For persons 18 Years and Older ONLY)

**"WARNING**

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities." Chapter 773, Florida Statute.

I, \_\_\_\_\_, acknowledge the risks and potential for risks of horseback riding and working with horses, including but not limited to: falling or being thrown from a horse; being kicked, stepped on or bitten by a horse; hitting overhead objects; and/or injuries sustained while mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. However, I feel that the possible benefits to be offered at Healing Hoofbeats are greater than the risks assumed.

I hereby, intending to be legally bound for myself, my heirs, assigns, executors and administrators, waive and release forever all claims for damages against Healing Hoofbeats, Inc and Red Oak Farms, LLC, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, "The Released Parties") from any and all claims, demands and causes of action of any and every kind or nature including any and all injuries and/or losses I may sustain while participating in activities at or sponsored by Healing Hoofbeats, Inc and Red Oak Farms, LLC or while on Red Oak Farms property, from whatever cause, including but not limited to the negligence of The Released Parties.

I certify that I am 18 years of age or older and am fully competent to enter into this release. I have read this Release in its entirety. I understand the terms of this Release and have signed this Release voluntarily and with full knowledge of the effects thereof.

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

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

*Please Print*



**RELEASE FOR A MINOR OR WARD**

*(For Persons Under 18 Years of Age or for Adults Who Have a Legal Guardian)*

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities." Chapter 773, Florida Statute.

That I, \_\_\_\_\_, the undersigned, a parent/legal guardian of \_\_\_\_\_, for and in sole consideration of the privilege of permitting said person to participate in activities at or sponsored by Healing Hoofbeats, Inc. and Red Oak Farms, LLC, and recognizing that horse riding activities involve certain inherent dangers and risks to persons and property, do hereby agree to assume for myself and on behalf of my ward or child, the risks and dangers attendant to such activity, including but not limited to: falling or being thrown from a horse, being kicked, stepped on or bitten by a horse or other animal, and/or injuries sustained while riding, mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. I am aware of these and other risks associated with horse riding activities, however, I feel that the possible benefits to be offered by Red Oak Farms / Healing Hoofbeats are greater than the risks assumed.

I hereby, intending to be legally bound for myself and my child/ward, heirs, assigns, executors and administrators, waive and release forever all claims for damages against Healing Hoofbeats, Inc and Red Oak Farms, LLC, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, "The Released Parties") including any and all injuries and/or losses I or my child/ward may sustain while participating in activities at Healing Hoofbeats, Inc. or while on Red Oak Farms property, from whatever cause, including but not limited to the sole or contributory negligence of all or any of The Released Parties.

I DO HEREBY FURTHER AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DAMAGES, CAUSES OF ACTION, ATTORNEY'S FEES AND EXPENSE OF LITIGATION FOR DEATH OR INJURY TO ANY PERSON OR FOR LOSS OF OR DAMAGE TO ANY PROPERTY ARISING OUT OF OR IN CONNECTION WITH MY CHILD/WARD'S PARTICIPATION IN ACTIVITIES AT OR SPONSORED BY HEALING HOOFBEATS, INC AND RED OAK FARMS, LLC. **IT IS MY EXPRESS INTENTION THAT THE INDEMNITY PROVIDED FOR IN THIS PARAGRAPH IS AGREED TO BY THE UNDERSIGNED IN ORDER TO FULLY INDEMNIFY AND PROTECT HEALING HOOFBEATS, INC AND RED OAK FARMS, LLC FROM THE CONSEQUENCES OF THE RELEASED PARTIES' OWN NEGLIGENCE, WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTING CAUSE OF INJURY, DEATH OR DAMAGE.**

I, the undersigned, have read this waiver of liability, release, indemnification and hold harmless agreement and understand its terms. I execute it voluntarily and with full knowledge of its significance.

SIGNED this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
*Parent/Legal Guardian #1*

\_\_\_\_\_  
*Parent/Legal Guardian #2\**

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Printed Name*

*\* if participant is under 18 years of age, signatures of both custodial and non-custodial parent are required.*



## Authorization for Emergency Medical Treatment

*Healing Horses, Inc.*

Participant    
  Staff    
  Volunteer

|  |     |                            |
|--|-----|----------------------------|
| Name   | DOB | Phone                      |
| Address  |     |                            |
| Physician's Name                                       |     | Preferred medical facility |
| Health Insurance Company                               |     | Policy #                   |
| Allergies to medications                               |     |                            |
| Current Medications                                    |     |                            |
| Date of Last Tetnus Shot:                              |     |                            |
| List any medical issues that may affect participation: |     |                            |

*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 Healing Hoofbeats, 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 treatment.

This authorization includes x-rays, 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.

*To be signed in front of center staff:*

|   |      |
|---|------|
| Consent Signature (Client, parent, or legal guardian) | Date |
|---|------|



**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 medical aid/treatment is required, I wish the following procedure to take place:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*To be signed in front of center staff:*

|   |      |
|---|------|
| NON-Consent Signature (Client, parent, or legal guardian) | Date |
|---|------|

**Photo Release**

I DO  Do NOT consent to and authorize the use and reproduction by Healing Hoofbeats of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, website, or 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; If yes, please explain

\_\_\_\_\_

I, \_\_\_\_\_(volunteer/staff), authorize Healing Hoofbeats, 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 that I expressly DO NOT authorize the 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 (volunteer/staff) | Date |
|-----------------------------|------|

|   |       |
|---|-------|
| Current driver's license or state id number | State |
|---|-------|



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### **Confidentiality Agreement**

I understand that all information (written and verbal) about participants at this 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

*(volunteer/staff)*

Date