

Hope Haven Kids/Ady's Army

**21 Haven Hill Lane
Sterrett, Al 35147**

Volunteer/Visitor Information and Release

Name: _____ Date of Birth: _____ Primary Phone: _____
Address: _____ City: _____ State: Zip: _____

Primary Email: _____

Place of Employment: _____ Title: _____

If student, name of school: Grade: _____

Parent/Guardian (if under 19 years of age): Phone: _____

Emergency Contact: Phone: _____

Liability release:

The above indicated participant would like to participate as a rider and or in the ranch program operated by Hope Haven/ The Calamas's.

I acknowledge the risks and potential for risks of horse-assisted activities, including a horseback riding program. However, I feel that the possible benefits to myself, my son/daughter/ward 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 Hope Haven/The Calamas's, its volunteers and/or employees for any and all injuries and/or losses I/my son/daughter/ward may sustain while participating in this program. I further understand that Alabama law requires the following sentence to be printed on this waiver: *Under Alabama law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to the Equine Activities Liability Protection Act. To my knowledge, there is no medical or physical reason why this person cannot participate in supervised equestrian activities.* I understand that helmets must be worn while riding a horse and that closed toe shoes must be worn when working around horses.

Date: _____ Signature: _____

Parent or Guardian if participant is under 19 years of age

Photo release- please check one:

I consent to and authorize the use and reproduction 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.

I do not consent to the use and reproduction of photographs and other audio-visual materials taken of me or my child for any purpose.

Date: _____ Signature: _____

Parent or Guardian if participant is under 19 years of age

Confidentiality policy:

I agree to keep any information that I obtain while on the premises of Hope Haven confidential. I understand that no identifying information about any program participant shall be shared with anyone other than Hope Haven staff members. Furthermore, I agree not to probe any parent or child for information regarding their diagnoses, special circumstances, disabilities or other reasons for attending programs at Hope Haven. I understand that doing any of these things could result in me being asked to leave the premises.

Date: _____ Signature: _____

Parent or Guardian if participant is under 19 years of age