

Hope Rides Student Registration Form

Office Use Only:

Date Received:

Client Information:

Name: _____ Male _____ Female _____ Date: _____

Date of Birth: _____ Current Age: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Numbers (please circle preferred number):

Home: _____ Work: _____ Cell: _____

Email Address: _____

Emergency Contact Name and Number: _____

2nd Emergency Contact Name and Number: _____

List any prior horse experience:

What would you like to accomplish in our program?

Why do you want to participate?

Please provide any additional info you feel would be helpful in our planning for this participant :

Hope Rides Student Code Of Conduct

Hope Rides is dedicated to creating welcoming and safe environment that encourages growth. It is critical that all individuals involved with Hope Rides clearly understands that we have a **ZERO tolerance for any behavior that is disrespectful, unlawful, or harmful emotionally, physically or mentally to anyone or anything associated to Hope Rides.** Any individual who disregards or shows an unwillingness to adhere to the Hope Rides rules will be at risk for permanent and immediate removal from the program.

*Participants are expected to be polite and respectful at all times of others, this includes their personal space, boundaries, and belongings. Participants are expected to be respectful of any property and materials associated to Hope Rides events and programming. Any behavior that has the potential to cause damage physically, emotionally or mentally to any member or property associated to Hope Rides will absolutely not be tolerated.

* Profanity, offensive language, and inappropriate jokes or comments are not tolerated.

* Inappropriate touching or invasion of another's personal space is absolutely not tolerated.

*Any general behavior that has the potential to cause harm emotionally, physically or mentally to any individual or anyone associated with programming at Hope Rides is not tolerated.

*If a verbal warning is given and participant continues to choose to adjust their behavior accordingly Hope Rides will move into the consequence phase and consequences will be administered as appropriate.

*We encourage any participant who witnesses or who may personally be experiencing any difficulties associated to programs or contacts made through Hope Rides to bring it to the attention of a staff member they feel comfortable talking to.

* During programming, there is to be no use of electronic devices. All cell phones, ipods, Blackberries, etc. should be turned off or on vibrate.

* Only perform tasks you are qualified to do. If uncertain, ask the instructor, other staff members, or a volunteer to help you.

* Appropriate dress is required.

* Remember that as a participant you are representing Hope Rides. Your conduct is expected reflect within reason the values and mission of Hope Rides.

* Any visitors or guests that a student would like to bring along to observe programming must

be okayed ahead of time by lead instructor. This is for the safety and protection of participants, volunteers and horses.

Consequences for undesirable behavior:

1. Verbal Warning
2. Temporary removal from activities – Hope Rides staff reserves the right to determine if temporary or immediate removal is necessary. Temporary removal from an activity or the group and may result in participant losing privileges to participate for a portion or all of the day activities. If behavior is severe enough and removal from grounds is necessary, a legal guardian will be called and required to come and get participant.
3. Participant Review. At this point the director of Hope Rides will review the incidents and determine next steps. Director reserves the right to issue immediate removal from program as well as the right if necessary to file a legal report.

There is no room for disrespectful, harmful or unlawful behavior at Hope Rides. It simply will not be tolerated.

Dress Code

* The appropriate attire includes long pants, shirt with sleeves, either long or short, closed toed shoes, preferably cowboy boots with a one to two inch heel.

*A hat and sunscreen are recommended, as we do spend periods of time outdoors.

*No jewelry or loose hanging objects attached to or hanging from your body.

Attendance

* If unable to make it to a committed time, at least 24 hours advanced notice needs to be given to the coordinator, to ensure that we know this ahead of time. **If a student has more than one unexcused absence**, it is grounds for removal from the program and program fees will not be refunded. Hope Rides programs are built on activities that support the participant's ability to learn through repetition and lack of attendance will not allow a student to acquire the necessary skills. Students moving from level to level must demonstrate the ability to have acquired the skills necessary to advance to next level of programming. The ability to advance goes hand in hand with attendance. Additionally, Hope Rides maintains a waiting list for students who want to attend programming at Hope Rides, and we will not waste our time, your time or the time of the students on the waiting list. Our team is committed to programming at Hope Rides therefore we expect a high level of commitment from our students. If there are life circumstances which interfere with a student ability to be committed then we suggest you request to stay on the waiting list and called when the next round of programming starts.

Hope Rides Field Trip Permission Release Form

Office Use Only:

Date Received:

Client Information:

Name:	Male or Female	Date:
Date of Birth:	Current Age:	
Parent/Guardian Name:		
Address:		
City:	State:	Zip Code:
Contact Phone:		
Home:	Work:	Cell:
Preferred Number:		
Email Address:		
Emergency Contact Number:		
Emergency Contact Name:		
Name of Organization that are connected to:		
Phone Number:		
Contact Person:		

I _____ give my child _____ permission to go with Hope Rides on field trips. I give my permission for my child to be transported by Hope Rides volunteers and give my child permission to engage in horse-related activities, I agree that I will assume full responsibility for any and all bodily injury, losses, or damages that may occur to the above named participant(s). I understand that the above named will be in be in primary control of the horse and that Hope Rides,Shadow Creek Stable, Equine Haven, Hollywood Stables or any other location visited during field trips are not responsbile for the results of the participant's actions or inactions. The participant further agrees to not abuse, misuse or deliberately agitate the horse or any horses as these actions may result in increased risk to himself or herself and others.

Assumption of risk: That I, the parent or legal guardian or adult volunteer, understand that horses are unpredictable by nature; that when frightened, angry or under stress, a horse's natural instinct is to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front or to bite; that horses are extremely powerful ; and that if a student or volunteer falls to the ground or gets in the way of a frightened horse, that damaging injury can result. I acknowledge and understand these risks and I voluntarily assume these risks and dangers.

Participant Signature:

Date:

Guardian Signature:

Date:

Hope Rides Agreement & Release from Liability Form

This agreement is made and entered into on the _____ day of _____, _____ by and between _____ (participant if 18 or parent/guardian), who resides at _____ (street address, city, state, zip)

hereafter referred to as "I" and Hope Rides at 12801 Do Little Drive Minnetonka MN 55305.

Full Name(s) of individuals requesting involvement with Hope Rides - if under age or guardianship. (participants, volunteers, visitors, spectators)

- | | | | | | |
|----|-------|------|-------|-----|-------|
| 1. | _____ | Age. | _____ | DOB | _____ |
| 2. | _____ | Age. | _____ | DOB | _____ |
| 3. | _____ | Age. | _____ | DOB | _____ |
| 4. | _____ | Age. | _____ | DOB | _____ |

RELEASE OF LIABILITY AND HOLD HARMLESS

---WARNING---

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT THERE ARE INHERENT RISKS IN USING AND BEING AROUND CLOSE PROXIMITY TO HORSES. THOSE RISKS INCLUDE BODILY INJURY AND DEATH. I UNDERSTAND THAT HORSES ARE UNPREDICTABLE AND CAPABLE OF SUDDEN, UNEXPECTED, AND POTENTIALLY DANGEROUS MOVEMENTS DESPITE THEIR PRIOR HISTORY. I FURTHER UNDERSTAND THAT HORSES ARE EASILY FRIGHTENED BY SOUND, SUDDEN MOVEMENT, UNFAMILIAR OBJECTS, SMELLS, PERSONS, OR OTHER ANIMALS AND THAT THEY MAY RUN, BITE, BUCK, OR KICK. I UNDERSTANT THAT HORSES MAY ALSO ENCOUNTER NATURAL HAZARDS, SUCH AS SURFACE OR SUBSURFACE CONDITIONS AND MAY REACT UNPREDICTABLY AND THAT THEY MAY EVEN COLLIDE WITH OTHER OBJECTS, PERSONS, OR ANIMALS. I UNDERSTAND THAT RIDERS CAN ALSO FALL OFF OF HORSES AND INJURE THEMSELVES.

All parts of this agreement shall apply to me and the minors listed below and shall be valid and binding at all times, now and in the future, when I am on the premises of Shadow Creek Stable, Equine Haven, Hollywood Stables or at any location associated to Hope Rides for any purpose related to or in conjunction with Hope Rides events, activities, field trips, or programming related items.

It is hereby agreed to as follows:

1. That I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in riding and horse related activities and instruction as a visitor, participant, student or volunteer with Hope Rides at Site locations of Shadow Creek Stable, Equine Haven and Hollywood Stables as well as any other remote locations associated to Hope Rides programming, events and activities.
2. Assumption of Risk and Waiver and Release: That I, the parent or legal guardian or adult volunteer, understand that horses are unpredictable by nature; that when frightened, angry or under stress, a horse's natural instinct is to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front or to bite; that horses are extremely powerful ; and that if a student or volunteer falls to the ground or gets in the way of a frightened horse, that damaging injury can result. I acknowledge and understand these risks and I voluntarily assume these risks and dangers. I hereby represent that I am capable of using and being in close promimity to horse and their environment. I further represent that I am competent and capale to participate in the activities that I will be participating in. I agree to personally and fully assume the risks associated with my presence and participation at Hope Rides and any establishments associated to Hope Rides programs, events and activities. Therefore, I herey release,

waive, and forever discharge Hope Rides and any site locations associated with Hope Rides programs, its owners, share holders, employees, agents, officers, and directors from any and every claim, demand, action or right of action, of whatever kind of nature, either in law or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death, or property damage resulting during my presences or involvement with Hope Rides while at any site locations associated to Hope Rides programs, events or activities, whether or not such injury, property damage or death is caused by negligence. I assume full responsibility for the risk of bodily injury, death or property damage, during my presence or involvement of any kind with Hope Rides. I hold Hope Rides and all locations associated to Hope Rides programs, events and activities and its owners, shareholders, employees, agents, officers, and directors harmless for any liability therefore. Hope Rides conducts regular scheduled programming at events at three site locations. They include Hope Rides, Shadow Creek Stables in Forest Lake MN, Equine Haven in Stacy MN, Hollywood Stables in Mayer MN as well as a host of other locations that we visit during programming for education and learning purposes.) In signing this you are acknowledging that while associated to programming, any event, activity or premise that Hope Rides may visit for the purpose of programming that you release any and all of these locations, owners, shareholders, employees, agents and officers and directors harmless for any liability thereafter and forever.

3. Helmet use: That I have been advised that participant(s) are to wear an equestrian ASTM/SEI certified helmet (provided) when around and working with the horses or in barn and that neither Hope Rides, Shadow Creek Stable, Hollywood Stables or Equine Haven or any of its assistants or agents can guarantee the suitability of any helmet provided.
4. Attire: That I have been advised that participant(s) are to wear protective clothing such as long pants and closed-toed shoes that cover and protect the entire foot.
5. Insurance: That the participant(s) is currently covered by accident-medical insurance and will remain insured for the duration of all instruction while participating with Hope Rides.

Name of Insurance Company _____
Insurance Policy Number _____

That I further understand that should any medical treatment be required, the current insurance number here listed will be provided to the attending clinic or hospital to cover future payment of incurred bills.

6. That this agreement is entered into in the state of Minnesota and will be interpreted and enforced under the laws of that state.
7. Knowing and Voluntary Execution: Upon the signing of this agreement, the student (if 18) and parent/legal guardian acknowledges that he/she has read or has had their legal guardian explain the content provided here and agrees to be bound to the contents of this agreement.
8. Photography, Film and testimonials: I as legal guardian of named participants or myself, give permission to Hope Rides to use any pictures, film footage, or testimonials acquired during Hope Rides events for Hope Rides public relations & marketing usage.
9. Transportation: I, as legal guardian of named participants or myself, understand that as part of programming at Hope Rides participants will have the opportunity to go on field trips & I give permission to Hope Rides to transport me or my child to & from field trips, programming or Hope Rides events. I understand the risks of allowing my child to ride in a motorized vehicle & assume full responsibility for any & all bodily injury, losses, or

damages that may occur to the above named participant(s). In doing so I release all & any Hope Rides related program locations, owners, shareholders, employees, agents & officers and directors harmless for any liability thereafter & forever.

10. Voluntary Driving: I, as legal guardian of named participant or myself, understand that if I willingly volunteer to transport Hope Rides participants for any reason, that I will maintain a current drivers license, not be under the influence of any alcohol, drugs, or intoxicants that could be potentially dangerous or impair driving or judgement in any way. I recognize the responsibility of safe driving and will take every necessary precaution to ensure that those participants under my driving care are kept safe. In the event that participants under my driving care are injured in anyway, I understand the risks of operating a motorized vehicle and assume full responsibility for any and all bodily injury, losses, or damages that may occur.

I understand that I am assuming 100% of the risk of injury or death directly or indirectly arising as a result of my participation and presence at or with Hope Rides. This release shall be governed by the laws of the State of Minnesota. If any portion of this release is held invalid by a court, it is agreed that the remainder of this release shall continue in full legal force and effect notwithstanding the invalidity of any portion of it.

If I have requested, allowed and given permission allowing a minor child or children of mine to be present at Hope Rides, then the provisions of this release and hold harmless shall apply to such child or children. I represent that I have the legal authority to enter into this release on behalf of the minor child or children.

This release is given on behalf of myself, spouse, legal representatives, administrators, executors, heirs, and assigns and in the case of any child or children of mine, on behalf of them, their legal representatives, administrators, executors, heirs, and assigns. This release is an ongoing release and remains in effect until I have revoked it in writing.

I understand that this document is a contract and agree that if a lawsuit is filed against Hope Rides and any site locations associated to Hope Rides, its owners, shareholders, agents,volunteers, and/or employees for any injury or damages in breach of this release, I will pay all attorneys' fees and const incurred to defend that lawsuit.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS AN AGREEMENT AND PROMISE NOT TO SUE AND A RELEASE AND INDEMNITY FOR ALL CLAIMS.

I ACKNOWLEDGE AND AFFIRM THAT I HAVE CAREFULLY READ THE CONTENTS OF THIS RELEASE, FULLY UNDERSTAND ITS MEANING, AND SIGN THIS RELEASE VOLUNTARILY.

Dated: _____

Signature of Rider or if minor, Parent of
Minor Child

Signature of Minor Child

Printed Name of Rider or Minor Child

Address: _____

Phone: _____ Email: _____

Hope Rides Authorization For Medical Treatment

Office Use Only:

Date Received:

Medical History:

Student/Volunteer Name: _____ Phone: _____

Physician Name: _____ Phone: _____

Preferred Medical Facility: _____ Phone: _____

Health Insurance Co: _____ Policy Number: _____

Environmental Allergies / Allergies to Medication:

Current Medications: _____

Please list two people who may be contacted in case of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Consent To Medical Treatment:

In the event emergency medical treatment is required due to illness or injury during the process of receiving services, or while being on the property of Shadow Creek Stables, Equine Haven, or any other property while participating in Hope Rides programming and activities, I give permission for Hope Rides to:

1. Secure and retain medical treatment and transportation if needed.
2. Release medical records upon request to the authorized individual or agency involved in the medical emergency treatment
3. Authorize the use of x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. **These actions will only be taken if the emergency contacts are unable to be reached.**

I give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving service or while being on under the supervision of Hope Rides agency.

Consent Signature: _____ Date: _____

Volunteer, Parent or Guardian

Non-Consent Signature: _____ Date: _____

Parent/Guardian

Non-Consent Plan

In the event emergency medical treatment is required due to illness or injury during the process of receiving services or while being on the property of Shadow Creek Stable, Equine Haven or any other property while participating in Hope Rides programming and activities, I wish for the following procedures to take place:

Non-Consent Signature: _____ Date: _____

Volunteer

Non-Consent Signature: _____ Date: _____

Parent/Guardian

Photo/Testimonials Release

I do consent _____ / do not consent _____ to and authorize the use of any and all photographs, audiovisuals or verbal testimonials to be used for promotional, educational or exhibition or any other use to benefit Hope Rides Org.

Signature of Release _____ Date _____

Volunteer, Parent or Guardian

Hope Rides
12801 Do Little Drive
Minnetonka MN 55305
info@hoperides.org

HOLLYWOOD STABLES, LLC

RELEASE OF LIABILITY AND HOLD HARMLESS

---WARNING---

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT THERE ARE INHERENT RISKS IN USING AND BEING AROUND CLOSE PROXIMITY TO HORSES. THOSE RISKS INCLUDE BODILY INJURY AND DEATH. I UNDERSTAND THAT HORSES ARE UNPREDICTABLE AND CAPABLE OF SUDDEN, UNEXPECTED, AND POTENTIALLY DANGEROUS MOVEMENTS DESPITE THEIR PRIOR HISTORY. I FURTHER UNDERSTAND THAT HORSES ARE EASILY FRIGHTENED BY SOUND, SUDDEN MOVEMENT, UNFAMILIAR OBJECTS, SMELLS, PERSONS, OR OTHER ANIMALS AND THAT THEY MAY RUN, BITE, BUCK, OR KICK. I UNDERSTANT THAT HORSES MAY ALSO ENCOUNTER NATURAL HAZARDS, SUCH AS SURFACE OR SUBSURFACE CONDITIONS AND MAY REACT UNPREDICTABLY AND THAT THEY MAY EVEN COLLIDE WITH OTHER OBJECTS, PERSONS, OR ANIMALS. I UNDERSTAND THAT RIDERS CAN ALSO FALL OFF OF HORSES AND INJURE THEMSELVES.

In consideration for permission to use horses and equipment on the premises known as **Hollywood Stables, LLC** and to remain on those premises, I voluntarily agree to the terms of this **RELEASE OF LIABILITY AND HOLD HARMLESS**. I have acquainted myself with rules of safety applicable to any involvement with horses and their environment, and I understand that it is not anyone else's obligation to teach them to me.

I hereby represent that I am capable of using and being in close proximity to horses and their environment. I further represent that I am competent and capable to participate in the activities I will be participating in.

I agree to personally assume the risks associated with my presence at Hollywood Stables, LLC. Therefore, I hereby release, waive, and forever discharge Hollywood Stables, LLC, its owners, shareholders, employees, agents, officers, and directors from any and every claim, demand, action, or right of action, of whatever kind or nature, either in law or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death, or property damage resulting during my presence at Hollywood Stables, LLC, whether or not such injury, property damage, or death is caused by negligence. I assume full responsibility for the risk of bodily injury, death, or property damage, during my presence at Hollywood Stables, LLC and hold Hollywood Stables, LLC and its owners, shareholders, employees, agents, officers, and directors harmless for any liability therefore.

I understand that I am assuming 100% of the risk of injury or death directly or indirectly arising as a result of my presence at Hollywood Stables, LLC. This release shall be governed by the laws of the State of Minnesota. If any portion of this release is held

invalid by a court, it is agreed that the remainder of this release shall continue in full legal force and effect notwithstanding the invalidity of any portion of it.

If I have requested that you allow a minor child or children of mine to be present at Hollywood Stables, LLC, then the provisions of this release and hold harmless shall apply to such child or children. I represent that I have the legal authority to enter into this release on behalf of the minor child or children.

This release is given on behalf of myself, spouse, legal representatives, administrators, executors, heirs, and assigns and in the case of any child or children of mine, on behalf of them, their legal representatives, administrators, executors, heirs, and assigns. This release is an ongoing release and remains in effect until I have revoked it in writing.

I understand that this document is a contract and agree that if a lawsuit is filed against Hollywood Stables, LLC, its owners, shareholders, agents, and/or employees for any injury or damages in breach of this release, I will pay all attorneys' fees and const incurred to defend that lawsuit.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS AN AGREEMENT AND PROMISE NOT TO SUE AND A RELEASE AND INDEMNITY FOR ALL CLAIMS.

I ACKNOWLEDGE AND AFFIRM THAT I HAVE CAREFULLY READ THE CONTENTS OF THIS RELEASE, FULLY UNDERSTAND ITS MEANING, AND SIGN THIS RELEASE VOLUNTARILY.

Dated: _____

Signature of Rider or if minor, Parent of
Minor Child

Signature of Minor Child

Printed Name of Rider or Minor Child

Address: _____

Phone: _____
