



Volunteer/Staff Information Form and Health History

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General Information

Name: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

DOB: _____ Phone (Home): _____ Phone (Cell): _____

Employer/School: _____

Address: _____

Parent, Legal Guardian, or Caregiver Name: _____

Address: _____

Phone: _____

Recent Medical Tests (if any): _____ Last Tetanus Shot: _____

Last Tuberculosis Test: Positive Negative 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

Administration:

- Public Relations
- Grant Writing
- Newsletter
- Volunteer Recruitment

- Photography/Video
- General Office Help
- Future Planning

How did you hear about us? _____

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/caregiver; signed in the presence of center staff)



Volunteer/Staff Information Form and Health History

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Name: _____

Phone: _____ DOB: _____

Current Driver's License/State ID: Yes No

License/ID State: _____ License/ID Number: _____

Photo Release

I DO DO NOT consent to and authorize the use and reproduction by Heart of A Warrior Farm 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: _____
(volunteer/staff)

Background Information

Have you ever been charged with or convicted of a crime? Yes No

If yes, please explain: _____

I, _____ (volunteer/staff), authorize Heart of A Warrior Farm 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 and/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 Heart of A Warrior Farm, its directors, officers, employees, or other volunteers to disseminate this information in any other way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____
(volunteer/staff)

Confidentiality Agreement:

I understand that all information (written and verbal) about participants at Heart of A Warrior Farm is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

Signature: _____ Date: _____
(volunteer/staff)



HEART OF A WARRIOR FARM

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- Participant
- Staff
- Volunteer

Authorization for Emergency Medical Treatment Form

Name: _____ DOB: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to Medications: _____

Current Medications: _____

Date of last Tetanus shot: _____ Date of last TB test: _____

Are you positive for any infectious diseases or are you "colonized" for any antibiotic resistant bacterium fungus? Yes No Unsure

If yes, what? _____

If yes, what precautions must you and our staff/volunteers take to prevent contamination? _____

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 Heart of A Warrior Farm 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 emergency medical 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 (signed in the presence of Heart of A Warrior staff)

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

Date: _____ Non-Consent Signature: _____

Client, Parent, or Legal Guardian (signed in the presence of Heart of A Warrior staff)

RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

In consideration of participating in equestrian activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence **Heart of A Warrior Farm** and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that equestrian activities involve known and unanticipated risks which could result in physical or emotional injury, paralysis, or permanent disability, death, and property damage. Risks include, but are not limited to, injuries caused by contact with horses, such as being bitten by, kicked by or stepped on by horses, medical conditions resulting from physical activity, and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document, and should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT

(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's name) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor, or are in any way connected with such participation by minor.

Parent or Guardian Signature _____ Date _____

Print Name _____

Heart of A Warrior Farm

Covid-19 Acknowledgment of Risk and Acceptance of Services

I, _____ (Participant/Volunteer/Staff Name), am aware of the risks of contracting Covid-19 while receiving face-to-face services from Heart of A Warrior Farm at this time of the pandemic outbreak and the Ohio Governor DeWine's declaration of a "Stay Safe Ohio" declaration.

I am aware that face-to-face services increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless Heart of A Warrior Farm, its employees/volunteers and all other individuals I may come in contact with during this interaction and receiving of services.

I agree to, and will follow, all guidelines for person hygiene, personal safety, and public safety as recommended by Heart of A Warrior Farm and my individual provider/practitioner. This may include, but is not limited to, waiting in my vehicle and/or home until I am asked to enter the building/vehicle either in person or via telephone; washing my hands prior to each session; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective medical mask and/or gloves.

I agree to cancel my services should I have within the previous 24 hours to 2 weeks personally exhibited or have been in contact with someone who has presented will illness including: cough; sneezing; fever; chest congestion; additional signs of the potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regards to my future services during this pandemic.

Heart of A Warrior Farm will engage in regular cleaning and sanitizing of horse tack, grooming supplies and office, doors, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC and our veterinarian for the safety of clients, employees, volunteers, and horses.

I am signing under my own free will and choice, and agree to follow these and hold harmless all individuals associated with or through my services acquired from Heart of A Warrior Farm.

Client Name: _____ Date: _____

Client Signature: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Witness Signature: _____