



**VOLUNTEER
Sign-up Package**

**Kona Program
73-1417 Kahakea Pl.
Kailua-Kona, Hi 96740
808-937-7903; fax 808-327-6296
www.thhkona.org; nannygirl@hawaii.rr.com**



Kona Program

RELEASE AGREEMENT

THERAPEUTIC HORSEMANSHIP OF HAWAII, INC AND CONTRIBUTORS

I, the undersigned, understand that Hawaii Law (Act 249, 1994 Hawaii Legislative Session, effective June 29, 1994) limits the civil liability of persons sponsoring equine (horse, pony, mule, donkey, or hinney) activities. I understand that there are inherent risks of injury, including death, when participating in an equine activity, which risks include but are not limited to 1) the propensity of an equine to behave in ways that may result in injury or death to persons on or around them, 2) the unpredictability of an equine's reaction to such things as sounds, sudden movements and unfamiliar objects, persons or animals; 3) hazards such as surface and sub-surface conditions; 4) collisions with other equine or objects, and 5) the potential negligence of another participant, such as failing to maintain control over the equine, or not acting within the participant's ability. Knowing and understanding the risks of participating in an equine activity; including injury and death to my person and damage to my personal property, I expressly choose to assume these risks. Further, on behalf of myself, my heirs, successors, representatives and assigns, I hereby unconditionally release any and all claims and causes of actions against equine activity sponsor Therapeutic Horsemanship of Hawaii and Horseplay Equestrian Center, LLC and its/their owners, shareholders, officers, directors, principals, employees, agents, representatives and any other personnel for injury, including death, and for any damage to personal property which I may incur as a result of my participation in this equine activity. I, the undersigned, agree to indemnify the above-described equine activity sponsor (including its/their above described persons and entities) from any and all claims and causes of action brought by or on behalf of said participant at any time.

Volunteer Name: _____

Date: _____

If volunteer is 18 or older, volunteer may sign here: _____
Signature of volunteer

If rider is under 18, Parent/Guardian complete below

Parent Name (print) _____

Parent Signature: _____

**HORSEPLAY EQUESTRIAN CENTER, LLC
WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in activities of Horseplay Equestrian Center LLC, owned by Cyndy DeMeter (hereafter referred to as "Horseplay"), and property owner Dr. Pat D' Angelo, their associations and/or affiliate sport & equestrian program(s), and related events and activities, I, the undersigned:

1. Agree that I will, prior to participation, inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise my instructor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, but also from the inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used, and, further, that there may be other risks not known or reasonably foreseeable at this time.
3. Acknowledge and fully understand that Hawaii Revised Statutes § 663B-2 provides that inherent risks of equine activities include, but are not limited to; (a) the propensity of an equine to behave in ways that may result in injury, harm, or death to persons on or around them; (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons and other animals; (c) certain hazards such as surface or subsurface conditions; (d) collisions with other equines or objects; and (e) the potential of a participant to act in a negligent manner than may contribute to injury of the participant or others, such as failing to maintain control over the animal or not acting within the participant's ability.
4. Assume, with full knowledge of the above and any other inherent risks which may be associated with equine activities, all the foregoing risks and accept personal responsibility for any damages following such injury, permanent disability or death. Except in the event of this stable's gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/or litigation, against this stable for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of this stable, including riding, handling, or otherwise being near horses owned by or in the care, custody and control of this stable. Also on behalf of myself, my heirs, personal representatives and next of kin, I hereby release and discharge Horseplay, Cyndy DeMeter, Dr. Pat D' Angelo, or their successors, assigns, affiliates, directors, officers, employees and agents from any and all liabilities, claims, lawsuits, losses, costs, causes of action and damages of any kind originating or in any way arising from my participation in such equine activities.

I, THE UNDERSIGNED, HEREBY DECLARE THAT I HAVE COMPLETELY READ AND UNDERSTAND THIS WAIVER AND RELEASE AND I VOLUNTARILY ACCEPT THE TERMS OF THIS WAIVER AND RELEASE FOR MY PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN.

Signature of Participant: _____ Date: _____

Printed Name of Participant: _____ Phone: _____

Emergency Contacts: _____ Phone: _____

Emergency Contacts: _____ Phone: _____

Address of Participant: _____

Personal Medical Insurance Required

Medical Insurance Carrier: _____ Policy #: _____



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PHOTO RELEASE

The undersigned hereby acknowledges and grants to Therapeutic Horsemanship of Hawaii, Inc. permission to take or have taken still photographs, films, including video pictures of himself/herself and consents and authorizes Therapeutic Horsemanship of Hawaii, Inc. its advertising agencies, news media, and any other persons interested in Therapeutic Horsemanship of Hawaii Inc., and its work, to use and reproduce the photographs, films, video to circulate and publicize the same by all means including the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional videos, books, and clinical materials.

With regards to the foregoing material, no inducements or promises have been made to me to secure my signature to this release other than the intention of Therapeutic Horsemanship of Hawaii, Inc. to use or allowed to be used, such photographs, films, video or materials for the primary purpose of promoting and aiding Therapeutic Horsemanship of Hawaii, Inc. and its work

Signature

Date

CONFIDENTIALITY

I understand that any personal or identifying information that I learn about clients through my association with Therapeutic Horsemanship of Hawaii will remain confidential. I agree to refrain from discussing such details as: client's names, specific diagnoses, bizarre or unusual behavior, etc. with anyone outside the program or with other program participants in a public circumstance where I might be overheard.

I understand the necessity of preserving and respecting our clients' privacy and anonymity and will abide by this agreement.

Signature

Date

VOLUNTEER INFORMATION

Name: _____

Cell Phone: _____

Address: _____

Alt. Phone: _____

E-mail: _____

I am interested in helping with the following: (check those that apply)

- _____ **Mounted program as leader**
- _____ **Mounted program as sidewalker**
- _____ **Barn chores**
- _____ **Fundraising activities**
- _____ **Admin activities**

- _____ **Mini visiting program**
- _____ **Mini driving program**
- _____ **Mini maintenance**
- _____ **Parades & events**

Brief description of experience with horses and/or children: _____

Other relevant experience: _____



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EMERGENCY CONTACT INFORMATION

Name: _____

In case of emergency, please contact the following:

Name: _____ **Relationship:** _____

Phone: _____ **Alt.phone:** _____

Name: _____ **Relationship:** _____

Phone: _____ **Alt. Phone:** _____

Physician: _____ **Phone:** _____

Preferred clinic or hospital: _____

Medical Insurance: _____

Policy #: _____

In the event that I am injured and unable to respond, I give permission for THH personnel to call 911 and seek immediate medical attention.

Signature

Date