



# HART VOLUNTEER APPLICATION

Suzanna Norris, Hidden Acres Rescue for Thoroughbreds (HART)

Date:

Name (print)

Nick Name

Address

City

State

Zip

Mobile Phone

Home Phone

Work Phone

Email (print)

Date of Birth

Age

### EMERGENCY CONTACT:

Name (print)

Relationship

Phone/Type

**Please circle/highlight any & all positions in which you are interested.**

- ❖ **Barn/Stalls** Rake manure, add fresh hay and bedding when needed, clean and refill water buckets. (THIS IS DONE BETWEEN 7-11:00 AM and 4:30-7:30 PM.)
- ❖ **Front Pastures** Clean water troughs/buckets and refill, replenish hay.
- ❖ **Turnout** Lead horses in/out of barn/pasture.
- ❖ **Grooming** Hoof maintenance, currying and brushing horses.
- ❖ **Tack Maintenance** Cleaning bridles, saddles and halters.
- ❖ **Property Maintenance** Fence repair, electrical, build shelters in paddocks, barn repair.
- ❖ **Grounds Maintenance** Mowing, watering plants, trash clean up.
- ❖ **Equipment Maintenance** Repair tractor, mowers.
- ❖ **Administration**
- ❖ **Fundraising**
- ❖ **Event Planner/Coordinator**
- ❖ **Editor/Proofreader**
- ❖ **Volunteer Coordinator/Scheduler**

We would like our volunteers to commit to a specific day of the week if possible. Please indicate day and times.

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_

Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

1- Why do you want to work with rescued horses? \_\_\_\_\_



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2- What experience do you have with horses?

\_\_\_ BEGINNER-NEVER RIDDEN \_\_\_ BEGINNER-HAVE RIDDEN
\_\_\_ INTERMEDIATE \_\_\_ ADVANCED

Please briefly describe previous experience with horses:

Two horizontal lines for describing previous experience with horses.

3- Do you have any physical/mental limitations or health problems that we should be aware of?

No \_\_\_ Yes \_\_\_ If yes, please explain. \_\_\_\_\_

Two horizontal lines for explaining physical/mental limitations or health problems.

4- Do you have any specialized area of expertise such as training, administration, fundraising, public speaking, public relations, etc.? No: \_\_\_ Yes: \_\_\_

If yes, please explain: \_\_\_\_\_

Two horizontal lines for explaining specialized area of expertise.

5- Are you willing to help with off-site projects such as fundraisers, passing out fliers, soliciting for donations, public speaking, etc.? No \_\_\_ Yes \_\_\_ If yes, which activities \_\_\_\_\_

6- Do you give consent for HART to photograph you and/or include your photograph on our social networking sites, website, newsletters, brochures, and other publications etc. without further consideration?

No \_\_\_ Yes \_\_\_

Volunteers Signature Printed Name Age

Witness Signature Printed Name



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Volunteers under the age of 18, are your parents or guardians supportive of you becoming a volunteer? No \_\_\_ Yes \_\_\_ If yes, your parents or guardians will be required to sign a Waiver releasing HART of any and all liability.

Are your parents or guardians willing to accompany and watch over you at HART and off-site activities if necessary? No \_\_\_ Yes \_\_\_ (Volunteers under the age of 13 must be accompanied by parent or guardian.)

THIS DOCUMENT MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN, OR THE MINOR CHILD SHALL NOT BE ALLOWED TO PARTICIPATE.

Parents/Guardians, please read and initial the following statement for minor child(ren) 18 and younger:

\_\_\_ I understand that the undersigned minor child participant is required to wear an approved riding helmet while engaged in equestrian activities on HART property

\_\_\_ The undersigned minor child participant is in good physical health and has the ability to safely engage in equine activities.

The minor child participant's riding ability is rated (please initial)

\_\_\_ NO EXPERIENCE AT ALL \_\_\_ BEGINNER \_\_\_ ADVANCED BEGINNER \_\_\_ INTERMEDIATE \_\_\_ ADVANCED

The parents/guardians and the minor child participant hereby voluntarily sign this agreement on this \_\_\_ day of \_\_\_, 20\_\_\_.

Parent's or Legal Guardian Signature

Printed name

Address, city, state, zip and contact phone

Witness Signature

Printed Name

Hidden Acres Rescue for Thoroughbreds is a registered 501(c)(3) non-profit organization. We depend on donations and volunteers to be successful. THANK YOU for your interest; we hope to see you soon!



## HART VOLUNTEER APPLICATION

VOLUNTEER AGREEMENT AND LIABILITY RELEASE  
Suzanna Norris, Hidden Acres Rescue for Thoroughbreds (HART)

Premises Owners Name, hereinafter known as "This Stable"

PLEASE READ CAREFULLY BEFORE SIGNING: Serious injury may result from your participation in equine activity. This Stable does not guarantee your safety. This form must be completed by and for each participant.

1. Registration of volunteer and agreement purpose: I, the following listed individual hereinafter known as The Volunteer, and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in equine activities on This Stable’s premises. As a volunteer these activities include but are not limited to – stall cleaning, water bucket/trough cleaning, cleaning cross tie areas and other common areas, walking horses to/from the barn, grooming horses, and providing hay to the horses in their stalls and pastures.

Volunteer Name (print)

Age (if under 18)

Parent or Guardian (if under 18) (print)

Emergency Contact (print)

Relationship

Phone/Type

2. Agreement scope and territory and definitions: This agreement shall be legally binding upon me the registered Volunteer, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of Brevard County, Florida. If any clause, phrase or word is in conflict with state law, then that single part is null and void. The term HORSE herein shall refer to all equine species. The term I, ME, MY, shall herein refer to the above registered Volunteer and the parents or legal guardians thereof if a minor.

### WARNING

**Under Florida 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 inherent risks of equine activities’.**

3. Activity risk classification: I understand that equine activity, which includes horse handling and horseback riding, is classified as rugged adventure recreational sport activity, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank 64<sup>th</sup> among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.



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4. Nature of equine activities: I understand that no horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short, changing directions or speed at will, shifting its weight, bucking, rearing, kicking, biting, or running from danger.
  
5. Conditions of Nature: This Stable is **NOT** responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to spook or react in some other unsafe way. Some examples are: thunder, lightening, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, fly near, bite and/or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.
  
6. Accident/Medical and Personal Liability Insurance: I agree that should medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such incurred expenses. My accident/medical insurance company is \_\_\_\_\_ and my policy number is \_\_\_\_\_. Should my actions or that of my horse cause injury or damage of any kind I and/or my own personal liability insurance shall pay for such damages. My personal liability insurance company is \_\_\_\_\_ and my policy number is \_\_\_\_\_.
  
7. Protective headgear warning: The Volunteer, age 18 and older, is hereby warned by This Stable that all horse handlers/riders should wear properly fitted and secured protective headgear (equestrian riding helmet), and that wearing of such headgear while working around horses, may prevent or reduce severity of some head injuries and may even prevent death happening as a result of a fall or other occurrence. **All participants under the age of 18** will be required to wear a riding helmet when leading, grooming, riding, or otherwise being near horses, unless their parent or guardian signs, in the presents of a notary, a Helmet Opt-Out Form.
  
8. Safety Rules: Please see Attachment A for our Safety Rules.
  
9. Liability release: In consideration of This Stable allowing my participation in this activity, under the terms set forth herein, I, The Volunteer, and the parent or guardian thereof if a minor, do agree to hold harmless and release This Stable, it's owners, agents, employees, officers, members, premises owners, insurers, and affiliated organizations from legal liability due to This Stable's ordinary negligence; and I do further agree that 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 and its associates as state above in this clause for any economic and non-economic losses due to bodily injury, death, property



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damage, sustained by the and/or my minor child or legal ward in relation to the premises and operations of This Stable, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of This Stable,.

**SIGNER STATEMENT OF AWARENESS**

I/WE THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT ARE TRUE AND ACCURATE.

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SIGNATURE OF VOLUNTEER

DATE

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SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE

NAME (PLEASE PRINT)

DATE

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SIGNATURE OF WITNESS

NAME (PLEASE PRINT)

DATE



HART VOLUNTEER APPLICATION

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT  
Hidden Acres Rescue for Thoroughbreds, Inc (HART)**

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Name (print) Phone/Type

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Address City State Zip

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Physician's Name Preferred Medical Facility

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Drug allergies, conditions, etc

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Health Insurance Company Policy #

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Emergency Contact (print) Relationship Phone/Type

If emergency medical aid/treatment is required due to serious illness or injury while at the HART Facility, or at an event sponsored by HART, or at an event in which HART is a participant, I authorize HART to secure and retain medical treatment and transportation if needed.

\_\_\_\_\_ I AUTHORIZE HART TO SECURE MEDICAL TREATMENT IF NEEDED

\_\_\_\_\_ I **DO NOT** AUTHORIZE HART TO SECURE MEDICAL TREATMENT

If emergency medical aid/ treatment is needed I wish the following procedures take place:

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SIGNATURE OF PARTICIPANT NAME (PLEASE PRINT) DATE

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SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE NAME (PLEASE PRINT) DATE

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SIGNATURE OF WITNESS (NSTRUCTOR/MANAGER) NAME (PLEASE PRINT) DATE



# HART VOLUNTEER APPLICATION

## HART SAFETY RULES

Hidden Acres Rescue for Thoroughbreds (HART)

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- + NO DOGS permitted on property without prior approval and always on a leash
- + SHOES-closed toed shoes or boots must be worn in the barn, near or when riding horses
- + HELMETS-everyone must wear an approved helmet while mounted. VOLUNTEERS under the age of 18 must wear helmet when working with horses
- + MOUNTING AND DISMOUNTING in designated areas only, not in or near barn
- + LEAD HORSES only at a walk towards barn, horses can get frisky and kick out or pull away from the handler near the barn
- + HANDLING HORSES-Never handle, touch or feed horses without permission from its owner-this includes all school and rescue horses
- + CROSS TIES-only use cross ties if they are secured to breakable twine AND DO NOT LEAVE HORSES UNATTENDED WHILE CROSS TIED
- + GRAZING HORSES must be on lead and supervised at all times
- + STALLS-never clean stall with a horse inside the stall, and do not enter stall with a horse without prior permission from owner or staff member
- + LESSONS-see separate page for more info
- + RUNNING, playing, and/or loud noises in or around the barn is not allowed
- + CHILDREN under 13 years old must be supervised by an adult while in the barn-exceptions must be in writing
- + WILDLIFE AND SNAKES-leave them alone, report to staff member, remember they are wild!
- + WEATHER can be changeable, be prepared. It may be raining at your house, but not at the barn, if in doubt, please call
- + LIABILITY FORMS-everyone handling or riding horses MUST have a current signed Liability Forms
- + VISITORS must be accompanied by an adult in the barn, or have prior permission
- + TOYS must be kept in play area only or they will be thrown away
- + FUN!!! Please use common sense and report any concerns to a staff member, and enjoy being at Hidden Acres. Our rules are designed so we can have fun safely!

I have read and agreed to these safety rules:

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Signed \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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Witness \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_