



SPIRIT OF HOPE
YOUTH RANCH

Participant Registration and Releases

Participant: _____ Age: _____ Date: _____

Date of Birth: _____ Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Guardian's Place of Employment: _____ Work phone: _____

Emergency Contact: _____ Phone: _____

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

If student, name of school: _____

Photo release:

I consent to and authorize the use and reproduction by Spirit of Hope Youth Ranch, Inc. 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.

Date: _____ Signature: _____
Parent or Guardian if participant is under 19 years of age

Participant liability release:

The above indicated youth participant would like to participate as a rider and or in the ranch program at Spirit of Hope Youth Ranch, Inc., 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 Spirit of Hope Youth Ranch, Inc. and King's Ranch, which is not operating the program, and their collective officers, trustees, board of directors, instructors, representatives, agents, volunteers and/or employees for any and all injuries and/or losses I/my son/daughter/ward may sustain while participating in Spirit of Hope Youth Ranch, Inc. 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.

Date: _____ Signature: _____
Parent or Guardian if participant is under 19 years of age

Authorization for Emergency Medical Treatment Form

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 Spirit of Hope Youth Ranch, Inc. to secure and retain medical treatment and transportation if needed.

Name: _____

Phone: _____ Address: _____

In the event I cannot be reached, contact: _____ Phone: _____

Physician's name: _____

Preferred Medical Facility: _____

Health Insurance Co. : _____ Policy #: _____

Consent Plan

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 below is unable to be reached.

Date: _____ Consent Signature: _____
Participant, Volunteer, Parent or Guardian

Print Name: _____ Phone: _____

Address: _____

Non-consent Plan

I do not give my consent for 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. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Non-consent Signature: _____
Participant, Volunteer, Parent or Guardian

Print Name: _____ Phone: _____

Address: _____

Spirit of Hope Youth Ranch, Inc. Confidentiality and Conduct Policy

Description of Personnel

A person, paid or unpaid, who has responsibility related to the day-to-day activities of the center.

Description of Participants

All riders, students, clients and every individual, who receives service through the equine assisted activities conducted by the center.

Confidentiality Policy

Spirit of Hope Youth Ranch, Inc. shall preserve the right of confidentiality for all individuals in our program. The staff will keep all medical, social, referral, personal and financial information regarding all persons and their family confidential.

Interpretation: Staff will not discuss medical, personal, or financial information with anyone at the facility or away from it. A participant may not be competent to give consent for disclosure of medical or sensitive information due to age or incapacity. Children under 18 do not have legal authority to consent to disclosure. Spirit of Hope Youth Ranch, Inc. will not disclose medical or other sensitive information to any agency or persons outside the program without written consent from the participant or his/her parents in the event the participant is a minor.

Inappropriate Conduct of Personnel and Participants

Inappropriate conduct of personnel and/or participants should be reported to lead personnel. Such incidences will be investigated and those responsible for such behavior may be dismissed from the program at the discretion of Spirit of Hope Youth Ranch, Inc.

Failure to Follow Procedure

Personnel or Participants failing to follow policies and procedures must be reported to lead personnel. Such failure will be discussed with the involved party and if appropriate, retraining will be attempted. Repeated or deliberate failure to follow policies and procedure will result in dismissal from the program at the discretion of Spirit of Hope Youth Ranch, Inc.

Mistreatment and/or Abuse of Animals

Personnel or Participants found to be mistreating animals in the care of Spirit of Hope Youth Ranch, Inc. must be reported to lead personnel. If upon further investigation, the action has been found inappropriate, the responsible party or parties will be dismissed from the program at the discretion of Spirit of Hope Youth Ranch, Inc.

I have read and/or have been verbally taught and understand the policies and procedures with regard to my position at Spirit of Hope Youth Ranch, Inc.

Personnel/Participant _____ Date: _____

Legal Guardian (if under age 19): _____ Date: _____

Witness _____ Date: _____