GRACE FOSTERS GRACE

Participant Registration

(PLEASE PRINT)

For individual or couple (to submit jointly)

- **Participant 1**

Participant's Name:_____ Current date: _____

Date of Birth: _____ Male/Female: _____ *Age: _____

Address:_____City:_____State:____Zip: _____

Primary number:_____(is texting ok for notifications? YES NO)

Primary Email: _____

- **Participant 2** *(if applicable)*

Participant's Name:_____ Current date: _____

Date of Birth: _____ Male/Female: _____ *Age: _____

Address:_____City:_____State:____Zip: _____

Primary number:_____(is texting ok for notifications? YES NO)

Primary Email: _____

EMERGENCY INFORMATION

(Only one contact required)

In case of Emergency Contact Name: _____

Relationship to Participant:_____

Contact Home/Cell Phone:_____Contact Work Phone: _____

Contact Address: _____

Authorization of Emergency Medical Treatment

(Required for each participant)

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 Grace Under the Oaks Inc. to Secure and retain medical treatment and transportation if needed and release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

- **Participant 1**

Physician's Name:_____Phone:_____

Preferred Medical Facility: _____

Health Insurance Company:_____Policy#: _____

Consent Plan: Signing this gives consent to an x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Consent Signature (Client / Guardian):_____Date: _____

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. In the event emergency treatment/aid is required, I wish the following procedures to take place:

_____

_____

_____

Non-Consent Signature (Client / Guardian):_____Date: _____

- **Participant 2** *(if applicable)*

Physician's Name:_____Phone:_____

Preferred Medical Facility: _____

Health Insurance Company:_____Policy#: _____

Consent Plan: Signing this gives consent to an x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Consent Signature (Client / Guardian):_____Date: _____

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. In the event emergency treatment/aid is required, I wish the following procedures to take place:

_____

_____

_____

Non-Consent Signature (Client / Guardian):_____Date: _____

How did you hear about Grace Under the Oaks? _____

Do you have any prior experience with horses? *If yes, please explain:*

FAMILY INFORMATION

How many biological children do you have? _____

How many children have you adopted or obtained permanent legal guardianship for? _____

How many foster children are currently in your home? _____

What are the ages of your children? *(Bio, foster and adopted)*_____

How many years have you been a foster or adoptive parent? _____

What are the current challenges you face as a parent? *(Please describe)* _____

Grace Under the Oaks Inc.

LIABILITY RELEASE

(Required for each participant)

- **Participant 1**

I, _____, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement (the "**Agreement**") with Grace Under the Oaks Inc. I understand that this Agreement is a waiver of any and all liability. I understand the potential dangers that I could incur while interacting with horses. Understanding those risks, I hereby release Grace Under the Oaks Inc., the property owners, horse owners, Board of Directors, volunteers, instructors, contractors and anyone else directly or indirectly connected with Grace Under the Oaks Inc. from any liability whatsoever in the event of death, injury or damage of any nature to me or anyone else caused by or incidental to my electing to interact with a horse owned, leased or utilized by Grace Under the Oaks. I understand, recognize and warrant that this Agreement is being voluntarily and intentionally signed and agreed to, and that in signing this Agreement I know and understand that this Agreement may further limit the liability of equine professionals to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property. I further voluntarily agree and warrant to Release and Hold Harmless this (these) equine professional(s) from any liability whatsoever, including, but not limited to, any incident caused by or related to said equine professional's (s') negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death, or property damage from: interacting with and caring for horses under the instruction of Grace Under the Oaks or during activities led by Instructors/Professionals with GUTO or my failure to understand any equine professional's directions relating to my interactions or otherwise use and control, or lack thereof, of the horse involved in activities.

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 the inherent risks of equine activities (FL Statute 773)

Participant's Signature: _____ Date: _____

- **Participant 2** *(if applicable)*

I, _____, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement (the "**Agreement**") with Grace Under the Oaks Inc. I understand that this Agreement is a waiver of any and all liability. I understand the potential dangers that I could incur while interacting with horses. Understanding those risks, I hereby release Grace Under the Oaks Inc., the property owners, horse owners, Board of Directors, volunteers, instructors, contractors and anyone else directly or indirectly connected with Grace Under the Oaks Inc. from any liability whatsoever in the event of death, injury or damage of any nature to me or anyone else caused by or incidental to my electing to interact with a horse owned, leased or utilized by Grace Under the Oaks. I understand, recognize and warrant that this Agreement is being voluntarily and intentionally signed and agreed to, and that in signing this Agreement I know and understand that this Agreement may further limit the liability of equine professionals to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property. I further voluntarily agree and warrant to Release and Hold Harmless this (these) equine professional(s) from any liability whatsoever, including, but not limited to, any incident caused by or related to said equine professional's (s') negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death, or property damage from: interacting with and caring for horses under the instruction of Grace Under the Oaks or during activities led by Instructors/Professionals with GUTO or my failure to understand any equine professional's directions relating to my interactions or otherwise use and control, or lack thereof, of the horse involved in activities.

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 the inherent risks of equine activities (FL Statute 773)

Participant's Signature: _____ Date: _____

PHOTO RELEASE

(Required for each participant)

- **Participant 1**

I hereby consent to and authorize the use and reproduction by Grace Under the Oaks Inc. of any and all photographs as well as any and all audio-visual materials taken of me for promotional material including social media platforms, educational activities, exhibitions or any other use for the benefit of this program.

Signature:_____ Date:_____

OR

I **DO NOT** consent to and authorize the use and reproduction by Grace Under the Oaks Inc. of any and all photographs as well as any and all audio-visual materials taken of me for promotional material including social media platforms, educational activities, exhibitions or any other use for the benefit of this program.

Signature:_____ Date: _____

- **Participant 2** *(if applicable)*

I hereby consent to and authorize the use and reproduction by Grace Under the Oaks Inc. of any and all photographs as well as any and all audio-visual materials taken of me for promotional material including social media platforms, educational activities, exhibitions or any other use for the benefit of this program.

Signature:_____ Date:_____

OR

I **DO NOT** consent to and authorize the use and reproduction by Grace Under the Oaks Inc. of any and all photographs as well as any and all audio-visual materials taken of me for promotional material including social media platforms, educational activities, exhibitions or any other use for the benefit of this program.

Signature:_____ Date: _____

Participant Consent for Release of Information

(Required for each participant)

- **Participant 1**

Name of Participant: _____

I authorize Grace Under the Oaks Inc. to release the following information about me (check all that apply):

___Name
___Contact Information
___Age/Basic description
___Medical History (only to be released to designated medical facility)
___Testimonials/Riders' progress made through Therapeutic Riding)
___Other (please describe) _____

This information may be released to (check all that apply):

___Newspaper/Magazine or other Publication to Promote Grace Under the Oaks
___Newsletter to GUTO contacts
___Website/Social Media
___Other _____

Special Instructions *(if any)*:

_____

_____

Signature:_____Date_____

- **Participant 2** *(if applicable)*

Name of Participant: _____

I authorize Grace Under the Oaks Inc. to release the following information about me (check all that apply):

___Name
___Contact Information
___Age/Basic description
___Medical History (only to be released to designated medical facility)
___Testimonials/Riders' progress made through Therapeutic Riding)
___Other (please describe) _____

This information may be released to (check all that apply):

___Newspaper/Magazine or other Publication to Promote Grace Under the Oaks
___Newsletter to GUTO contacts
___Website/Social Media
___Other _____

Special Instructions *(if any)*:

_____

_____

Signature:_____Date_____