



Healing Hands Youth Ranch, Inc.  
 114 Addington Lane  
 Waleska, GA 30183  
 www.hhyr.org

**Participant Information and Releases**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Guardian's Place of Employment: \_\_\_\_\_ Guardian's Email: \_\_\_\_\_

If student, name of school: \_\_\_\_\_

Do you have any physical or mental conditions that might hinder your ability to participate? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Do you have horse experience or any other talent that may benefit the program? \_\_\_\_\_

**Photo release:**

I consent to and authorize the use and reproduction by Healing Hands Youth Ranch, Inc. of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions of or for any other use for the benefit of the program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Participant (Parent/Guardian if under 19 years of age)

**Participant liability release:**

As a participant, 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 Healing Hands Youth Ranch, Inc. 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 Healing Hands Youth Ranch, Inc. I further understand that Georgia law requires the following sentence to be printed on this waiver: Under Georgia 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: \_\_\_\_\_

Volunteer or Parent/Guardian if 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 Healing Hands 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 (Parent/Guardian if under 19 years of age)

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 (Parent/Guardian if under 19 years of age)

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Healing Hands 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**

Healing Hands 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. Healing Hands 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 Healing Hands 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 Healing Hands Youth Ranch, Inc.

**Mistreatment and/or Abuse of Animals**

Personnel or Participants found to be mistreating animals in the care of Healing Hands 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 Healing Hands Youth Ranch, Inc.

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

Participant \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian (if under age 19): \_\_\_\_\_ Date: \_\_\_\_\_

Witness \_\_\_\_\_ Date: \_\_\_\_\_