



HORSE AND PETTING PAL INTERACTION, INC.
H.A.P.P.I. Farm
(954) 629-8133

Volunteer Information Form & Health History

Name: _____

Date: ____/____/____

Address: _____

City: _____

State: _____

Zip: _____

Date of Birth: ____/____/____

Phone # _____

E-mail: _____

Under 18 years old?

Parent's Phone# _____

Parent's E-mail: _____

Parent Signature: _____

Parent/Legal Guardian Name and Address:

Describe your current health status, particularly regarding the physical/emotional demands of working in a riding program. Please address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes:

Allergies: _____

Medication: _____

Photo Release:

I Do Do Not consent to and authorize the use and reproduction by HAPPI Farm, of any and all photographs and any other audio/visual materials taken of me for promotional or educational material, exhibitions or for any other use for the benefit of the program.

Background Information:

Have you ever been charged with or convicted of a crime? YES__ NO__

If YES – Explain _____

I (volunteer/staff name) _____ authorize HAPPI Farm to receive information from any law enforcement agency, including police and sheriff departments of this state or any other state or federal government to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize HAPPI Farm, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

I declare that the information provided above is accurate to the best of my knowledge & accept all releases and agreements. I know of no reason why I should not participate in this center's program and will immediately disclose any changes in the above information if necessary.

Signature: _____

Date: ____/____/____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by HAPPI to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless HAPPI from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____

Print Name: _____

Date: _____

Please sign this page after you have read and you understand your roles in this Animal Participation Activities team.

- Volunteers must sign in and sign out with Marie Lim for community service hours to be verified.
- Registration Fee Required: A one-time \$10.00 Registration Fee (Cash or Check) is required from each volunteer.
- Forms Required: Each volunteer must fill out; print and staple together HAPPI Farm's attached Volunteer Application and Animal Activity Release. If less than 18, parents MUST sign them. Volunteers will not be accepted unless this letter and the registration forms are read, understood, COMPLETELY filled out and brought to us on the first day.
- Hours: by appointment ONLY, Monday thru Friday 2:00 pm – 6:00 pm, Saturday and Sunday 8:30 am – 4:00 pm.
- **NO food or drinks are available at the farm. You MUST bring your own water!** We work hard in the sun and it gets very hot so volunteers must bring plenty of beverages (4 bottles of water, at the very least, are required). Make sure to drink water following each session, so you do not dehydrate. You might want to bring snacks or lunch if planning to stay more than two hours.
- Attire: You will get dirty so wear proper clothing for farm environment, RAIN BOOTS ARE MANDATORY; NO SANDALS are permitted.
- Drug use will not be tolerated: If you have taken any or if you are heavily medicated, you will be asked to leave.
- Volunteer Duties vary, depending on what is needed at the time. They generally consist of assisting instructors with feeding, saddling and walking horses. It is required that volunteers are able to lift 30 pounds and you must inform us if you have any medical conditions that might prevent you from working at certain tasks.
- Age Requirement: HAPPI Farm is no longer accepting volunteers less than 15 years old without an adult to supervise each volunteer.
- Our main concern is the safety of ALL participants so volunteers will be asked to assist in the supervision of the riders, animals and other volunteers. Volunteers are NOT PERMITTED to use cell phones while guests are present.
- Quality Service: Volunteers must be quiet during riding sessions so instructions can be heard. We ask that you do not distract riders (or family members) or engage in conversation during mounted and/or ground instructional sessions. Avoid constant chatting with the rider and/or other volunteers during riding sessions. Maintain a professional relationship with the participants. Pay attention and observe and you will develop an awareness of the instructor/therapist, the rider and the horse. Help where you can, but remember that you are a volunteer and not a psychologist, counselor or therapist.
- Volunteers will not be accepted unless they watch both training videos.
Part One: <https://youtu.be/e-FzdypDvnE>
Part Two: <https://youtu.be/-ZGhEyOqeSk>

Thank you for your participation and support!

Signature of Volunteer

Signature of Parent
(If volunteer is less than 18 years of age.)

Date

Date

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

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 the inherent risks of equine activities.

In consideration of the services of Horse and Petting Pal Interaction Inc., D.B.A HAPPI Farm, their agents, owners, officers, volunteers, participants, employees, other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "HAPPI"), and Gina Warren of Showclass Stables (1101 N. Old Hiatus Road, Plantation, FL 33323), I hereby agree to release, indemnify, and discharge HAPPI on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation horseback riding activities entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks may include, but is not limited to: being struck by rock fall or other objects dislodged or thrown from above; the forces of nature, including lightning, and weather changes; the risks of falling off the rock or mountain; exposure to temperature and weather extremes which could cause cold shock, hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; exposure to and travel in rugged terrain, exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; improper lifting or carrying; my own physical condition, and the physical exertion associated with this activity.

A horse, regardless of its training and usual past behavior, may act unpredictably at times based upon instinct or fright which may cause you to be thrown from your horse or injured by the horse. Horses may do such things as bite, kick, buck, lie down, or stumble. Saddles may slip and other tack or saddle problems may develop as a result of normal use and wear. Your horse may collide with obstacles or encounter variations in terrain such as creeks, water, bridges, traveled roads, wild animals, birds, stump, forest growth, debris, rocks and cliffs and other obstacles whether obvious or not and whether man made or natural. Each of those obstacles or variations in terrain could cause you to lose control of you horse and you could fall. Riding a horse requires the participant to balance on the saddle. Participants may lose their balance that can result in falling from the horse.

Furthermore, HAPPI employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless HAPPI from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of HAPPI's equipment or facilities, **including any such claims which allege negligent acts or omissions of HAPPI.**
4. Should HAPPI or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against HAPPI, I agree to do so solely in the state of Florida, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against HAPPI on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name _____	Phone No. _____
Address _____	City _____
State _____ Zip _____	Email _____
Signature of Participant _____	Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by HAPPI to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless HAPPI from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____