



P.O. Box 56 Bridgeville, PA 15017

## Welcome to the Horses with Hope Therapeutic Riding Program!

We are happy to see new faces coming out to help our special riders and we cannot help them without you, so welcome! We are confident it will be a rewarding experience for you!

There is no need to be horse savvy, just a love for kids and adults with special needs. Side walkers are there for the rider's safety, but also to assist the rider in completing the instructions given to them. The sessions are 45 minutes long and can include a light trot.

**Please complete the following 5 forms that can be printed from our website:**

**Volunteer Information Form - Release and Hold Harmless - Authorization for Emergency Medical Treatment  
Confidentiality Policy - Covid-19 Liability Waiver**

**January - Mid-May** sessions are offered at:  
6235 Brush Run Rd Bethel Park, PA 15102

**Late May - October** sessions are offered at:  
Gilfillan Farm, 130 Orr Rd (between Westminster Church and the garden), Upper St Clair, PA 15241

Effective August 25, 2015, Pennsylvania State Law now requires that EVERY person who volunteers in and has direct contact with students have the necessary clearances on file with Horses with Hope. The clearances are:

- **Pennsylvania Child Abuse History Clearance (Act 151)** - <https://www.compass.state.pa.us/cwis>
- **Pennsylvania State Police Criminal Record Check (Act 34)** - <https://epatch.state.pa.us/>

The two Pennsylvania Clearances are free. These clearances must be updated every five years. EVERYONE 18 years and older who volunteers MUST have these clearances to volunteer.

**SignUp.com** is used for volunteer scheduling. **Send an email to [kculphwh@gmail.com](mailto:kculphwh@gmail.com) with your cell # and you will be added to our group email as well as SignUp.** You are free to sign up for any available session. **If you would have to cancel, please give us a minimum of 24 hours so that we can find someone for that spot.**

Please read the volunteer handbook and watch the training video provided – BOTH are provided on our website. We will hold an annual volunteer training class that will be held early in spring- date/time TBA. Please use sign up to sign up for the event. You can bring your **4** completed forms and your clearances with you to training, or you can mail them to: P.O. Box 56, Bridgeville, PA 15017. If training has passed, we will do on-the-job training!

**Parking** is limited at Brush Run with 6 parking spots for volunteers. If those are full, you can park in the circular driveway to the left, which is the **large** white house. **Do not park in front of the brown building (reserved for riders) or on the side of the small white house. The exception is for the volunteer training day. You are allowed to park in front of the brown building.** At Gilfillan Farm, parking is available in the Garden Lot, across the street from the church parking lot.

**Weather cancellations** – we will send you a text for any session updates.

Feel free to email or call with any questions.

**Thanks so much for your interest, and we hope to see you soon!**

Anne Davis  
Executive Director/Founder  
Cell-412-932-6036  
[annehwh@gmail.com](mailto:annehwh@gmail.com)

**Please Follow Us On Social Media**



HWHTherapeuticRiding

[horseswithhope.pgh](https://www.instagram.com/horseswithhope.pgh)

[HorseswithHope1](https://twitter.com/HorseswithHope1)



P.O. Box 56 Bridgeville, PA 15017

## ***VOLUNTEER INFORMATION FORM***

Name \_\_\_\_\_ Age \_\_\_\_\_  
Parent or Guardian (if minor) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone- Home \_\_\_\_\_ Cell \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

### **Volunteer Liability Release**

As a volunteer for Horses with Hope, Inc. Discovery, Growth & Learning programs, I acknowledge the risks and potential risks of a horseback riding program and Equine Assisted Activities.

However, I feel that the possible benefits to myself and the clients I work with are greater than the risk I assume. 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 Horses with Hope, Inc. its Board of Directors, instructors, therapists, volunteers, and or employees for any injuries and/or losses I may sustain while participating in the Therapeutic Riding and Equine Assisted Activities conducted with Horses with Hope, Inc.

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

Please check: New Volunteer \_\_\_\_\_ Returning Volunteer \_\_\_\_\_ Number of years w/HWH \_\_\_\_\_

What areas would you like to participate in? Barn Help – feeding, stalls, grounds \_\_\_\_\_

Riding Sessions \_\_\_\_\_ Community Activities \_\_\_\_\_ Administrative \_\_\_\_\_ Fundraising \_\_\_\_\_

Please list any allergies:

\_\_\_\_\_

Horse Experience: YES or NO (Circle One) If yes, how many years? \_\_\_\_\_

Experience with Special Needs: YES or NO (Circle One)

Date of last tetanus shot \_\_\_\_\_

### **Photo Release (Optional)**

I hereby consent to and authorize the use and reproduction by Horses with Hope, Inc. of any and all photographs and any other audio/visual materials taken of my son/daughter for promotional printed material, educational activities, or any other use for the benefit of the program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ (Parent/Guardian if minor)

I have read the Volunteer Handbook and watched the Training video located on the website. \_\_\_\_\_

Initial here



P.O. Box 56 Bridgeville, PA 15017

## Authorization for Emergency Medical Treatment

Participant \_\_\_\_\_ Volunteer \_\_\_\_\_ Staff \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Phone H/ \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Physicians Name \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Health Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies to Medications \_\_\_\_\_

Current Medications \_\_\_\_\_

In the event of an emergency contact;

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

In the event of emergency medical aid/treatment is required due to illness or injury, during the process of receiving services while being on the property of the agency, I authorize Horses with Hope to:  
Secure and retain medical treatment and transportation if needed.  
Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

**Consent Plan:** Authorization includes x-ray, surgery, hospitalization, medication and any treatment deemed “life saving” by the physician. This provision will only be invoked if the persons above are unable to be reached.

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

**Non-Consent Plan:** I do not give consent for emergency medical treatment/aid in case of injury or illness while on the property of the agents. In the event emergency treatment/aid is required, I wish the following procedures to take place:

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



P.O. Box 56 Bridgeville, PA 15017

## RELEASE AND HOLD HARMLESS AGREEMENT

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Other: \_\_\_\_\_

### Inherent Risks of Equine Activities

Anyone who participate in any kind of activities on or about horses, including riding, training, assisting in medical treatment of horses, driving or being a passenger on a horse, or assisting a participant in a horse show or assisting show management, but does not include merely being a spectator to an equine activity, is considered to be engaged in an equine activity.

(1) the propensity of horses to behave in ways that may result in injury, harm, or death to persons on or around them; (2) the unpredictability of a horse's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other horses or objects; (5) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.

### Acknowledgement of Risk

I, \_\_\_\_\_, acknowledge that I have read the above statements and definitions, and hereby indemnify and hold harmless, Horses with Hope, and their employees or owners from any liability arising from accident, injury, theft, or damages to myself, my representatives, and helpers, all equipment and property, and all animals under my jurisdiction. I understand that I must wear a helmet, secured with a harness, at all times when participating in an Equine Assisted Activity offered by Horses with Hope, Inc. I have been informed of Horses with Hope Barn Rules and Policies and Procedures and will adhere to them strictly. This agreement shall continue for each and every visit to participate in an Equine Assisted Activity offered by Horses with Hope, Inc.

The terms of this release form shall be construed as the entire agreement and may not be altered, amended, or modified except in writing and signed by both parties. The terms of this release shall be governed by the laws of the Commonwealth of Pennsylvania.

**If under 18, the parent or guardian must read and sign the above, indicating his/her acceptance.**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(participant)

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(parent/guardian if minor)

### Grant of Permission

I/we the undersigned, (participant above named for, if minor, parents/guardians) hereby grant permission and authority to Horses with Hope, its officers and authorized representatives to act for us in executing verbal instructions of if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release Horses with Hope, their officers, agents, and employee, and owners of any property concerned, and hold harmless from liability for any injury or damage which the rider may sustain while at \_\_\_\_\_, or participating in any activity sponsored by Horses with Hope and from any liability connected with obtaining prompt medical attention for the participant named above.

**If under 18, the parent or guardian must read and sign the above, indicating his/her acceptance.**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Participant)

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Parent/Guardian; if minor)



*P.O. Box 56 Bridgeville, PA 15017*

### **Confidentiality Policy**

It is the policy of Horses with Hope to keep confidential all medical, social, referral, personal, and financial information regarding participants, volunteers and staff and his/her family. This information will not be shared or disclosed to individuals outside the operation of this center without the express written permission given by the individual concerned.

It is understood by all the individuals working or volunteering at this center that this code of confidentiality will be maintained and adhered to in order to protect the privacy and personal dignity of all individuals associated with the day to day operations of this center.

Confidential information may be shared between this centers staff and volunteers in cases where it will assist in the planning and implementation for the equestrian lesson.

Violation of this policy by anyone involved at Horses with Hope can result in immediate expulsion from all activities at the center, as determined by the program director and the board of directors.

I understand and will observe the confidentiality policy of Horses with Hope, Inc.

---

Signature (parent/guardian signature if under 18 yrs)      Date

# HORSES WITH HOPE

## **ACKNOWLEDGMENT & ASSUMPTION OF RISK, RELEASE OF LIABILITY AND WAIVER OF CLAIMS**

### **ACKNOWLEDGMENT OF RISKS:**

I recognize that there are inherent risks of danger in engaging in the riding of a horse which may result in serious injury or death to me and to others. The Risks include but are not limited to 1) Falls; 2) Equipment failure, including saddle assembly and its associated ropes and other means by which is it secured. I also acknowledge that certain foreseeable and unforeseeable events can contribute to the unpredictability of riding a horse in close proximity to others including sidewalkers that could potentially expose myself to COVID-19.

### **EXPRESS ASSUMPTION OF RISKS AND RESPONSIBILITY:**

In recognition of the inherent risks of my engaging in Equine therapy, I assume full responsibility for injuries (including death) and all other damages and losses to me and to others which arise out of, or are related to, my riding of a horse.

### **RELEASE OF LIABILITY:**

In consideration of my engaging in Equine therapy, I, \_\_\_\_\_, for myself, my heirs, personal representatives and assigns, do hereby release and discharge: Horses With Hope, as well as each of their respective employees, attorneys, principals, directors, officers, agents, affiliates, insurers, successors, assigns, heirs, executors and administrators from all liability for all injuries (including death) and other losses and damages, demands, actions, causes of action or suits at law or in equity, of whatsoever kind or nature resulting from, or to result from my engaging in Equine therapy.

### **WAIVER:**

As further consideration for my engaging in Equine therapy, I for myself, my heirs, personal representatives and assigns, do hereby waive all claims for injuries (including death) and all other claims for all other losses and damages, demands, actions, causes of action or suits at law or in equity, of whatsoever kind or nature against Horses With Hope and their respective employees, attorneys, principals, directors, officers, agents, affiliates, volunteers, insurers, successors, assigns, heirs, executors and administrators which claims and losses, result from, arise out of or relate to my engaging in Equine therapy.

I have read, understand and accept the terms of the foregoing Acknowledgment of Risks, Express Assumption of Risks and Responsibility, Release of Liability and Waiver.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

# Horses with Hope

## Barn Rules

\*These rules have been designed to keep both people and animals safe.

\*While horses are loving animals, they are still very large and can be unpredictable. Stay alert when working around horses. Please be mindful of anything that may spook or scare a horse, such as sudden movements or loud noises.

1. Children must be supervised at all times.
2. Regular barn hours are 8:00 AM- 8:30 PM
3. Watch for animals and people as you enter the arena area.
4. No running
5. Absolutely no smoking or vapor
6. All people entering the property must have a signed release form, available on [www.horseswithhope.org](http://www.horseswithhope.org)
7. Helmets must be worn at all times while working with horses in arena.
8. All tack and grooming supplies must be put away neatly in designated areas.
9. Please remove all debris and manure from your horse. (anywhere on the property)
10. No open toed shoes permitted.
11. Horse treats may not be given without permission from the owner.
12. Do not enter the arena without asking.
13. No pets allowed on premises.
14. Sessions may be observed from designated areas ONLY. Please do not enter arena or sensory trail area pathways

\*If you have any questions about anything, just ask!  
We want you to have fun and be safe.