

MY HEROES, LLC REGISTRATION AND RELEASE FORM
(PLEASE PRINT CLEARLY)

Participant Name: _____ **Date of Birth** _____ **Home Phone:** _____

Street: _____ **Cell Phone:** _____

City: _____ **Zip:** _____ **Work Phone:** _____

(Check) The above is a... Lesson Student Boarder Parent of Student Volunteer Sitter/Nanny
 Sister/Brother of Student Other: _____

E-mail Address _____

Attendance Information and/or Hours _____

My Heroes, llc Instructor/Trainer or Therapist Name _____

If Applicable, Parent/Guardian/Caregiver Name: _____ **Phone:** _____

IN CASE OF EMERGENCY:

Contact Name/Relation: _____ Contact Phone: _____

Contact Name/Relation: _____ Contact Phone: _____

MEDICAL RELEASE:

In case of an emergency, I **(check one)** [**give permission**] [do not give permission] to **My Heroes, llc** to secure medical treatment including x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital service rendered under the general or specific instructions of any physician or hospital. The undersigned hereby agrees to pay all fees and expenses of doctors, hospitals, ambulances and other medical expenses reasonably and necessarily incurred.

PHOTO RELEASE:

(Check one) [**I consent to and authorize**] [I do not consent to nor authorize] the use and reproduction by **My Heroes, llc** 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.

LIABILITY RELEASE:

I acknowledge the risks and potential risks of a horseback riding program, including risk of bodily injury or death resulting from kicks and bites, falling off horses or horse falling on rider, being dragged by a foot caught in the stirrups, being thrown by horse, equipment failure or collision with horses or vehicles or other inanimate objects. However, I feel the possible benefits to my family or the child I care for 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 **My Heroes, llc**, its board of directors, instructors, therapists, volunteers and/or Employees for any and all injuries and/or losses I may sustain as a result of use of **My Heroes, llc** or **Colorado State University's** property, equipment, or facilities.

WARNING: Colorado - Warning - Under Colorado Law, an equine professional is not liable for the injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.

I HAVE READ THE ABOVE RELEASES AND GIVE EMERGENCY MEDICAL, PHOTO, and LIABILITY CONSENT AS INDICATED ABOVE:

Signature: _____ **Date** _____

Print Name: _____



EMERGENCY CONTACT, PHOTO, and LIABILITY RELEASE FORM

PARTICIPANT NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

IF APPLICABLE, PARENT/GUARDIAN/CAREGIVER NAME(S):

NAME: _____ RELATION: _____

EMERGENCY CONTACT AND INFORMATION:

In case of emergency during your time participating in Equine Assisted Services at the Temple Grandin Equine Center, who should we contact?

NAME: _____ RELATION: _____ PHONE: _____

In case of emergency, we will contact 911 and emergency services if TGED considers it necessary and appropriate. In this situation, is there any additional information you want us to share with emergency medical providers?

PHOTO RELEASE:

I (check one) consent to and authorize, or do not consent to nor authorize the use and reproduction by Temple Grandin Equine Center of any and all photographs and any other audio or visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use within Colorado State University's discretion.

LIABILITY RELEASE:

I acknowledge there are risks, including risk of bodily injury or death resulting from the inherent risks of equine activities. However, I believe and accept that the possible benefits to me, my family, and/or the individual I care for are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damage against the Temple Grandin Equine Center, Colorado State University, its board of directors, instructors, therapists, volunteers and agents for any and all injuries or losses I may sustain as a result of participation in activities at the Temple Grandin Equine Center.

WARNING: Under Colorado Law, an equine professional is not liable for the injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.

I have read the above release and give consent and authority as indicated above:

SIGNATURE: _____

DATE: _____



MY HEROES, LLC.
OVERCOMING OBSTACLES, ONE HOOF AT A TIME

Workplace Confidentiality Contract

This Agreement is entered into by and between **MY HEROES, LLC** (the "health care provider") and _____ to set forth the terms and conditions under which "protected health information" (PHI), as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Regulations enacted hereunder may be used or disclosed.

I understand that the "health care provider" has a legal and ethical responsibility to maintain patient privacy, including obligations to protect the confidentiality of patient information and to safeguard the privacy of patient information.

I understand that the "health care provider" has a legal and ethical responsibility to maintain the confidentiality, integrity, and accessibility of protected health information maintained in hard copy or electronic format.

In addition, I understand that during my affiliation at the "health care provider", I may see or hear other confidential information such as financial data and operational information pertaining to the practice that the "health care provider" is obligated to maintain as confidential.

As a condition of my affiliation with the "health care provider", I understand that I must sign and comply with this agreement.

By signing this document, I understand and agree that:

- I will not disclose any Patient Information and/or confidential or personal information pertaining to the "health care provider".
- I will not discuss any information pertaining to the "health care provider" or its patients in an area where unauthorized individuals may hear such information (for example, in hallways, on elevators, etc.). I understand that it is **not** acceptable to discuss any practice information in public areas even if specifics such as a patient's name are not used.
- I will not make any inquiries about any practice information for any individual or party who does not have proper authorization to access such information.
- Unauthorized transmissions include, but are not limited to, removing and/or transferring patient information or confidential information from the "health care provider" computer system to unauthorized locations.

I agree that my obligations under this agreement regarding patient information will continue after the termination of my affiliation with the "health care provider".

I understand that violation of this Agreement may be grounds for dismissal from My Heroes, LLC. I understand that violation of this policy may constitute a criminal or civil offense under HIPAA, other federal laws, or state laws.

I understand that any confidential information or patient information that I may come in contact with while performing my volunteering duties with the "health care provider" does not belong to me.

I have read the above agreement and agree to comply with all its terms as a condition of continued volunteering.

By: (print name) _____

Signature: _____

Date: _____

Volunteer Knowledge and Experience Survey

Name _____ Date of Birth _____ Age _____ Gender _____

Phone _____ Email _____

Have you ever volunteered with a therapeutic riding program? Yes No

If yes: What program and in what capacity? _____

How did you hear about My Heroes, LLC? _____

Horse Experience Survey

I have little or no horse experience (No need to complete this section)

Describe your horse experience (include trail riding, competition (what type), training, specific discipline you are most knowledgeable about, etc.) _____

What body language would you look for if a horse was unhappy or on the verge of spooking?

What would you do if the horse you are leading becomes anxious or nervous?

Experience with Adults or Children with Disabilities

Do you have experience with adults or children with disabilities? Yes No

If Yes, Explain and Describe: _____

Tell us about yourself (special skills, likes, what you do, are you a student, profession etc.)

Is there anything that could affect your participation in the program as a volunteer (allergies, health concerns, physical limitation etc.) _____

What do you hope to gain by volunteering at My Heroes LLC: _____
