

2019 Equine Assisted Learning Youth Program



“Providing Hope and Happiness with Horses”

Hooves of Hope Equestrian Center, Inc.
735 Chenault Bridge Rd. Lancaster, KY 40444
(859) 792-893

Welcome to Hooves of Hope Equestrian Center. Inc.

The mission of Hooves of Hope Equestrian Center is to provide children and adults, with diverse needs, a solid foundation for developing life skills, through equine assisted activities and therapies, in a safe and caring environment. We are pleased to carry that over to our Equine Assisted Learning Youth Program.

The Equine Assisted Learning Youth Program is designed to provide youth in our community with an alternative educational based program which encourages self-growth, character development, and responsibility through equine assisted activities and learning. The curriculum is intended for youth between the ages of 12-18.

We would love to talk to you about your journey!

If you would like more information about signing up for services, please contact us at (859)792-8938 or via hoovesofhope@aol.com

Sincerely,

Blair Newsome
Hooves of Hope Equestrian Center, Inc.
Founder and Director

Dress Code

- All participants are required to wear closed toed shoes at all times while at the barn and around the horses.
- No short shorts, tank tops, or scooped necked tops are allowed. Clothes should be comfortable and easy to move around in due to the active nature of horse related activities.
- Please refrain from wearing clothing with profane language, inappropriate messages, or clothing that advertises alcohol, tobacco, firearms, or a certain political view.
- Participants are not allowed to wear loose jewelry.

Equine Assisted Learning Youth Program Application

Name: _____ Date: _____

Address: _____

Phone: _____

Email: _____

Date of Birth: _____ Age: _____ Weight: _____ Height: _____

Special Accommodations Needed: _____

Authorization for Emergency Medical Treatment

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____

Policy # _____

Allergies: _____

Current Medication: _____

Person(s) to be contacted in case of an emergency:

Name: _____

Relation: _____ Phone: _____



Hooves of Hope Equestrian Center Inc. 2019 Equine Assisted Learning Youth Program Liability and Photo Release Form

Name of Participant: _____

Equine Activity Liability Release

I would like to participate in an equine related activity at Hooves of Hope Equestrian Center Inc. I acknowledge the risks and potential for risks of riding lessons and horse related activities. However, I feel that the possible benefits to myself/my son/my daughter/my 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 Hooves of Hope Equestrian Center, Inc. and its Employees, Instructors, Therapists, Aides, Volunteers, Equines, Equine Owners, Equipment and Operating Site for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating at Hooves of Hope Equestrian Center, Inc.

"WARNING: Under Kentucky law, a farm animal activity sponsor, farm animal professional or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.

Signature: _____ Date: _____
(If participant is under 18 years of age legal guardian must sign)

Photo Release (Please sign 1st or 2nd option, not both)

I hereby consent to and authorize the use and reproduction by Hooves of Hope Equestrian Center, Inc. of any and all photographs and any other audiovisual material taken of me/my son/my daughter/my ward for promotional material, educational activities, exhibits, electronic publications (including the World Wide Web) or for any other use for the benefit of the program.

Photo Release Signature: _____ Date: _____

Do Not Photograph Signature: _____ Date: _____