



**FULL CIRCLE FARM**  
THERAPEUTIC HORSEMANSHIP

80 Edgell Road  
Newport NH 03773  
603-863-2952  
[info@fcftherapeutic.org](mailto:info@fcftherapeutic.org)  
[www.fcftherapeutic.org](http://www.fcftherapeutic.org)

### Volunteer Information Form

Name, First: \_\_\_\_\_ Middle I.: \_\_\_\_ Last: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
Employer/School: \_\_\_\_\_  
Email: \_\_\_\_\_ Best way to contact you: \_\_\_\_\_

### Health History

Tuberculosis Test + - Date \_\_\_\_\_ Last Tetanus Shot \_\_\_\_\_

(Consult your physician or local health department if you are not up to date with these tests/shots)

Allergies: \_\_\_\_\_

Medications \_\_\_\_\_

Health Status, particularly as related to physical/emotional demands of working in EAAT. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes.

Are you able to walk for 45 minutes and jog short distances in sand? Yes No

Are you comfortable working around horses? Yes No

Do you have experience with horses? Yes No If yes, please briefly explain:

Do you have experience with people with special needs? Yes No If yes, please briefly explain:

I \_\_\_DO \_\_\_DO NOT consent to and authorize the use and reproduction 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.

How did you learn about Full Circle Farm Therapeutic Horsemanship?

#### **In the event of an emergency, please contact:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Thank You**



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## Authorization for Emergency Medical Treatment

\_\_\_\_\_Participant      \_\_\_\_\_Staff      \_\_\_\_\_Volunteer

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred medical facility: \_\_\_\_\_

Health insurance co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Current allergies, medications, and health concerns: \_\_\_\_\_

### In the event of an emergency:

Emergency contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Emergency contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

*In the event that 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 Full Circle Farm to:*

1. Secure and retain medical treatment and transportation, if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

### 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(s) listed cannot be reached.**

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

*Client, Parent, or Legal Guardian*

### NON-CONSENT PLAN

I do not give consent for emergency medical aid/treatment in the case of illness or injury and agree to be present with the participant during the process of receiving services or while being at Full Circle Farm

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

*Client, Parent, or Legal Guardian*



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## **Volunteer Liability Release**

For: Full Circle Farm Therapeutic Horsemanship and Full Circle Farm LLC  
80 Edgell Rd. Newport NH 03773

- A. **VOLUNTEER** - As a volunteer for Full Circle Farm Therapeutic Horsemanship I, and the parent or legal guardian thereof if a minor, do hereby voluntarily request and agree to participate in the Full Circle Farm Therapeutic Horsemanship Program and its Equine Assisted Activities and Therapies (EAAT) and to do so at my own risk. I acknowledge the risks and potential risks of working with horses and that no liability can be or is accepted by any organization, entity or individual concerned. I understand that I may be with and around horses; however, I feel the possible benefits are greater than the risks assumed.
- B. **AGREEMENT SCOPE AND TERRITORY** – This agreement shall be legally binding upon me the volunteer, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of NH.
- C. **NATURE OF EQUINE SPECIES** (including horses, ponies, mules, or donkeys) herein after referred to as horse(s) - No horse is completely safe. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from a horse it will generally be at a distance of 3 1/2 to 5 1/2 feet, and the impact may result in injury to the rider and/or volunteer. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short, changing directions or speed at will; shifting its weight; bucking; rearing; kicking; biting; or running from danger.
- D. **OTHER DANGERS** - Risks also exist in mounting, leading, sidewalking, grooming, tacking, feeding, interacting with, or being in the vicinity of horses. Risks also include being stepped on, abrasions, contusions, trip hazards, allergic reactions, slipping, and falling.
- E. **CONDITIONS OF NATURE** – Full Circle Farm Therapeutic Horsemanship and Full Circle Farm LLC is not responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. Some examples are: thunder, lightning, rain, wind, wild and domestic animals, insects, which may walk, run, fly near, bite and/or sting a horse or person; and irregular footing on groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.
- F. **INSPECTION OF PREMISES** - Volunteer has opportunity to and agrees to inspect Full Circle Farm facilities and trails to be satisfied that they are appropriate for the volunteer's safety, as a condition for utilization of Full Circle Farm premises and facilities. Anything believed to be unsafe will not be utilized and will be brought to the immediate attention of the instructor or staff.
- G. **PROTECTIVE HEADGEAR WARNING** - I have been fully warned and advised by Full Circle Farm Therapeutic Horsemanship that I should wear protective headgear (riding helmet) if and while mounting, riding, and dismounting.

H. LIABILITY RELEASE - In consideration of Full Circle Farm Therapeutic Horsemanship allowing my participation in this activity, under the terms set forth herein, I, the volunteer, and the parent or guardian thereof if a minor, do agree to hold harmless and release Full Circle Farm Therapeutic Horsemanship, Full Circle Farm LLC, their owners, board of directors, officers, members, staff, instructors, volunteers, employees, management, premises owners, affiliated organizations or persons, and insurers, from legal liability due ordinary negligence; and I do further agree that except in the event of gross negligence and willful and wanton misconduct, I shall not bring any claims, demand, legal actions and causes of action, against Full Circle Farm Therapeutic Horsemanship, Full Circle Farm LLC, their owners, board of directors, officers, members, staff, instructors, volunteers, employees, management, premises owners, affiliated organizations or persons, and insurers, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of Full Circle Farm, and/or Full Circle Farm Therapeutic Horsemanship.

SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT ARE TRUE AND ACCURATE.

Name of Adult Volunteer - Please print  
Date

SIGNATURE OF VOLUNTEER

\_\_\_\_\_

UNDER 18 (Parent or Guardian must sign for volunteer under 18)

Name of Minor Volunteer - Please print

NAME OF PARENT OR GUARDIAN – Please print

\_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN

Date

\_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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



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## Confidentiality Policy

Full Circle Farm Therapeutic Horsemanship is committed to preserving and protecting the right of confidentiality for all individuals and participants in its Equine Assisted Activities program.

In order to protect the confidentiality of each participant in our program, each staff member, parent/caregiver and volunteer must adhere to the following guidelines:

In performance of responsibilities and duties as a staff member, parent/caregiver, or volunteer of Full Circle Farm Therapeutic Horsemanship all medical, social, financial or other sensitive information learned about a participant must be held in strict confidence. This applies to anyone connected with Full Circle Farm Therapeutic Horsemanship who could obtain this information. Client issues may be discussed on an “as needed” basis with and among the instructor or client’s support staff and volunteers. These discussions take place at meetings scheduled for this purpose.

Breaching this policy can incur personal and professional penalties.

I understand and agree to comply with the Confidentiality Policy of Full Circle Farm Therapeutic Horsemanship.

Name \_\_\_\_\_

Date \_\_\_\_\_