

Hidden Haven Farm
Equine Sanctuary & Education Center, Inc
Program Application & Registration

Please complete this application and registration and return to Hidden Haven Farm
At 6407 Hillmeade Road Bowie, MD 20720.

Only original signed applications can be accepted.

If applicant is a minor child, a parent/legal guardian must complete and sign all forms.

Registrant/Applicant Information:

Name: _____	Date of Birth: _____
Mailing Address: _____	Gender: Male Female
Phone _____	Email Address _____
Day: _____	
Evening: _____	
Cell: _____	

Contact Information:

Use this section if registrant/applicant is a minor or additional contact is required.

- Check this box if contact information is the same as above

Name: _____	Relation to Registrant/Applicant _____
Mailing Address: _____	
Phone _____	Email Address _____
Day: _____	
Evening: _____	
Cell: _____	<input type="checkbox"/> Check here to be primary contact

Contact Preferences:

Hidden Haven Farm maintains an internal database for informational purposes. We routinely send program oriented updates and coming events via email as well as digital copies of our newsletters. You may change your preferences at any time by contacting the stable in writing via email or letter. Please indicate your preferences here:

- I do wish to receive updates and newsletters
Preferred Email Address: _____
- I DO NOT wish to receive updates and newsletters

In the event of an emergency, cancellation or other scheduling change, we need to be able to contact you quickly. Please indicate which methods of contact are acceptable for you:

- Phone Call/Voice Mail (Preferred Number: _____)
- Text Message (Preferred Number: _____)
- IM or Blackberry Messenger (Preferred Number: _____)
- Email (Preferred Address: _____)

Health Information:

Physician Name: _____	Phone Number: _____
Insurance Company _____	Policy Holder _____
Dentist Name _____	Phone Number _____

1. Describe any illnesses, diseases, medical conditions, injuries, impairments, disabilities or other conditions/information pertaining to your health which may affect your participation in the programs at Hidden Haven Farm Equine Sanctuary & Education Center, Inc. (Allergies are covered in #3)

2. List any medications you are currently taking and/or take on a regular basis and be sure to include any inhaler use. Please include medication name, indication for use and current dosing instructions.

3. Please list any and all allergies you may have. Include food allergies, seasonal allergies, contact allergies and allergies to medications. If you have severe reactions to anything (i.e. penicillin or shellfish allergy) please describe the

reaction and any precautions needed, or treatments necessary. IF YOU USE AN EPIPEN, please note that here.

EMERGENCY CONTACT INFORMATION:

In the event of an emergency, please list at least one emergency contact who may make decisions for you and your care.

Primary Emergency Contact:

Contact Name: _____

Phone Number(s): _____

Address: _____

Relationship to Registrant: _____

Secondary Emergency Contact:

Contact Name: _____

Phone Number(s): _____

Address: _____

Relationship to Registrant: _____

Emergency Medical Consent:

In the event of a medical emergency, your listed emergency contact will be notified as soon as possible. Please choose one option, check the box and initial the line.

- In the event of a medical emergency requiring medical aid/treatment due to illness or injury occurring while participating in the programs or activities at Hidden Haven Farm Equine Sanctuary & Education Center, Inc, **I AUTHORIZE** the stable to
 1. Secure and retain medical treatment and transportation to emergency facility if needed.
 2. Release my records and information provided to the farm upon request to the authorized individual or agency involved in the medical emergency treatment.
 3. Authorize needed treatments and diagnostics which may include, but are not limited to: x-ray, blood work, transfusions, surgery, hospitalization, medication and any procedure deemed to be “life saving” by the physician/medical staff.

I further agree to be financially responsible for any and all necessary treatments incurred. INITIALS: _____

- I DO NOT AUTHORIZE** or give my consent to medical treatment/transportation in the event of a medical emergency requiring medical aid/treatment due to illness or injury occurring while participating in the programs or activities at Hidden Haven Farm Equine Sanctuary & Education Center, Inc. In the event of such emergency, I wish the following procedures to take place:

INITIALS: _____

Photography/Videography Consent:

During the course of activities conducted at Hidden Haven Farm Equine Sanctuary and Education Center, Inc, we routinely video and photograph participants and the animals. Photos and videos may be used internally for documentation purposes, shared on our public photo share website, and/or used in promotional materials such as our website, facebook, blogs, brochures and educational materials both produced for sale to benefit the programs and/or distributed to groups/individuals interested in our programs.

- I hereby **DO** consent to Hidden Haven Farm Equine Sanctuary and Education Center, Inc to utilize photos of me using its discretion and in any way it so desires to use them.
- I hereby **DO NOT** consent to Hidden Haven Farm Equine Sanctuary and Education Center, Inc to utilize photos of me using its discretion and in any way it so desires to use them.

Activity Consent:

On the premises of Hidden Haven Farm Equine Sanctuary and Education Center, Inc located at 6407 Hillmeade Road Bowie, MD 20720, there are additional non equine related items, amusements and activities that participants may enjoy. If you check YES on any box, you must also sign and date the consent portion. Parents are responsible for the supervision of their children at all times unless said activities/amusements are incorporated into a specific farm program, i.e. day camp.

Swimming Pool

- YES
- NO

Trampoline

- YES
- NO

Playground Equipment

- YES
- NO

Basketball Hoop and sports equipment

- YES
- NO

I am aware of the inherent risks and dangers involved in the use of the aforementioned items I agreed to participate and/or enjoy outside of the equestrian facilities. I hereby release and hold harmless Hidden Haven Farm Equine Sanctuary and Education Center,

Inc, its Board of Directors, agents, contractors, employees, volunteers, families, relations and Barbara J. Wahle and Philip J. Wahle as property owners where sponsored activities occur from any and all claims, causes of action, liability, suits, or demands for compensation for injuries or damage to property resulting in taking part in activities and/or utilizing the non-equestrian facilities.

Signature: _____ Date: _____

Confidentiality Policy and Statement:

It is the policy of Hidden Haven Farm Equine Sanctuary and Education Center, Inc that all information we collect regarding individuals participating in farm programs shall be held strictly confidential and shall not be disclosed without the express written consent and authorization of the individual or the individual's legal representative except as permitted by law. Hidden Haven Farm Equine Sanctuary and Education Center, Inc may collect and maintain records on participants and their families including, but not limited to medical, social, referral, personal and financial information. We WILL NOT share, sell, or otherwise distribute this information to outside sources as stated in our policy. All board members, employees, volunteers, officers, contractors and agents of Hidden Haven Farm are expected to uphold and act in accordance with this policy. Failure to do so may result in termination of relationship with Hidden Haven Farm.

It is the general policy of Hidden Haven Farm Equine Sanctuary and Education Center, Inc to list Board Members, staff, volunteers and other participants by name on our website and other promotional materials. To protect the privacy of our participants, we offer the following options:

- I agree to let Hidden Haven Farm publish my full, legal name.
- I agree to let Hidden Haven Farm publish only my first name and last initial.
- I agree to let Hidden Haven Farm publish my first name only.
- I DO NOT agree to let Hidden Haven Farm publish my name in any manner.

I have read the Confidentiality Policy. If applicant is a volunteer, applicant agrees to uphold and act in accordance with this policy during and after applicant's involvement with Hidden Haven Farm Equine Sanctuary & Education Center, Inc.

Signature (Adult is applicant is Minor)

Date

Background and Experience:

- I DO NOT have any previous equine experience
- I HAVE previous equine experience

If you have any previous equine experience, please describe it here. List any prior riding, handling or educational experience:

If you have had any traumatic or other negative past experiences with horses or a previous instructor or facility, please describe that here:

FOR VOLUNTEER APPLICANTS: Please list any educational and/or certifications you carry: _____

FOR VOLUNTEER APPLICANTS: Please list any other related experience you may have or skills that may be beneficial to your volunteer position here. Please let us know where you feel you can best help, i.e. as a horse care provider, lesson assistant, administrative work, publication design, outreach, etc.

If there is any other pertinent information you would like to share about yourself in order to assist us in placing you in our programs or in order to help you get the most out of your experience at Hidden Haven Farm, please attach such information on a separate sheet of paper and return with this completed application/registration.

Program Placement:

Please select which programs you are applying and/or registering for:

- Volunteer
- Riding Student
- Equine Assisted Skill Building Programs
- Working Student
- Day Camp
- Seminars/Courses

FOR OFFICE USE ONLY:

- Received and Reviewed: _____
- Entered: _____
- Initial Interview/Tour Completed: _____
- Trial/Training Started: _____
- Notes: _____