

**Kentucky Equine Adoption Center**

**Stable Foundations Program Registration**

Thank you for your interest in the Stable Foundations Program! Stable Foundations is a unique opportunity for you to provide an 8 week sponsorship of one of our companion horses and receive weekly instruction and interaction with that horse in return. At the end of the session, you may even want to take that horse home! Should you choose to adopt a horse at the end of the eight week course, there will be a four week adoption course directly following. Both courses are required to adopt. You must be 18 years of age to adopt.

All applicants under the age of 16 must be accompanied by a parent or guardian.

**Email or Mail Application to:**

Kentucky Equine Adoption Center

1713 Catnip Hill Road

Nicholasville, KY 40356

trainers@kyeac.org

All information will be kept completely confidential.

Personal Information:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_

Complete Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Equine Experience:

Please describe in detail any experience you have had with horses in the past.

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What is your comfort level around horses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Uncomfortable- Being around horses causes discomfort and or fear in most settings.

• Somewhat Uncomfortable- Uncomfortable directly handing horses.

• Neutral- Handling horses is unfamiliar but causes no discomfort.

• Comfortable- Has had some experience and feels comfortable handling horses.

• Very Comfortable- Has lots of experience handling and working with horses.

How many family members would be interested in attending weekly sessions? Please list the ages and comfort level of each. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are your goals and expectations for this program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What do you imagine your future with horses looking like? Do you plan on adopting, learning to ride, being involved with a rescue, etc..?

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At this time, do you think you may be interested in adopting a companion (non-rideable) horse at the completion of the 8 week and 4 week programs?

YES NO UNSURE

**Program Sponsorships:**

$250/person/month

$100/person 13 years and under/month

$50/High School student w/ student ID

$600/family of 3+/month

**Additional 4 week Adoption course:**

$200/person or per family

How will you be giving your sponsorship? **Paid in full Monthly Bi-weekly Weekly**

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 Signature Date



LIABILITY WAIVER

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 activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.

RELEASE

As a volunteer to the Kentucky Equine Adoption Center Inc. (“KyEAC”), I acknowledge that working with and around equines is inherently dangerous and further specifically acknowledge inherent risks and potential risks posed by my handling, caring for, riding, and/or training/re-training equines and proximity to such activities. I knowingly and voluntarily assume any and all such risks. I further represent and warrant to the KyEAC that I possess knowledge of and experience with equines, that I understand the responsibilities and duties of a KyEAC volunteer, and that I am able to perform those duties. By signing below, I, on behalf of myself, my personal representatives ,assigns, successors, heirs and next of kin, hereby agree to indemnify and hold harmless KyEAC, its officers, agents, directors, attorneys, employees, consultants and all other persons, whomsoever, acting on its behalf, from any liability KyEAC may incur as a result of my activities, and further do fully release KyEAC, its officers, agents, directors, attorneys, employees and all other persons, whomsoever acting on its behalf, whether caused by the negligence (ordinary or gross) or otherwise, from any and all liability claims, damages, suits, causes of action (whether based in law or equity and including without limitation any claim for punitive or exemplary damages, responsibility and/or expense (including reasonable attorney’s fees) for any bodily injury to, death of, or damage to me, my property and any equine or any other property or person, that may occur as a result of activities associated with KyEAC, including without limitation my volunteer activities or from being in the presence of equines at facilities owned, leased or operated by KyEAC. I am willing and able to accept and hereby do assume full responsibility for my own safety and welfare in connection with my volunteer activities or any association with KyEAC, including full responsibility for and risk of bodily injury, death or property damage due to the negligence (ordinary or gross) of KyEAC.

I expressly agree that this Release is intended to be as broad and inclusive as is permitted by law, and that if any portion thereof is held invalid, the remaining provisions shall not be affected thereby and shall remain in full force and effect.

I have carefully read and voluntarily sign this Release, and acknowledge that no oral representations, statements or inducements relating thereto have been made by KyEAC, or their employees or agents.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If volunteer or visitor is under 18 years old, this form must be signed by a parent or guardian.

I am the parent or legal guardian of the volunteer or visitor. I have read and understand all the terms of this Release and voluntarily agree to be bound to those terms.

PARENT or GUARDIAN’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY INFORMATION**

This form with original signatures must be completed and submitted for EVERY participant or visitor to KyEAC before engaging in ANY equine-related activity on KyEAC property.

Please notify the following individual (s) immediately in the event of a medical emergency.

Name of Volunteer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

Phone Number (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteers are not covered under the Equine Adoption Center’s insurance policy.

Please provide your:

 Health Insurance Carrier. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any medical limitations or are you on prescription medications?

\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_\_\_ NO

Please describe the condition and list any medications so we could help in an emergency situation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_