



HOPE REMAINS RANCH

Office Use:

Mon Tues Wed Thurs

THE MANE EVENT APPLICATION

CHILD NAME: _____ Date: ____/____/____
First Last

Birthday: ____/____/____ Age: _____ Gender: M / F Ethnicity: _____

Physical Address: _____
House/ Apartment Number Street City State Zip Code

CONTACT INFORMATION

Primary Contact: _____

Secondary Contact: _____

Relationship to Child: _____

Relationship to Child: _____

Mobile #: (_____) _____ Emergency Contact

Mobile #: (_____) _____ Emergency Contact

Home #: (_____) _____ Emergency Contact

Home #: (_____) _____ Emergency Contact

Email: _____

Email: _____

Preferred method of contact: Phone call Email Text message

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PROVIDE DETAILED INFO ABOUT WHAT YOUR CHILD IS STRUGGLING WITH, AND YOUR CONCERNS:

WHAT SCHOOL DOES YOUR CHILD ATTEND? _____

MEDICAL

Please list any medical concerns and/ or allergies your child may have of which we need to be aware.

Indicate if your child has had behaviors or thoughts related to any of the following in the past 2 years:

Suicidal or Homicidal Thoughts or Plan Self Harm Inappropriate sexual behavior Eating Disorder

Other behavior that may pose a danger to your child and/ or others: _____

If you checked any of the boxes above, describe the current step by step plan for keeping your child safe should a situation occur. List names and contact information of any professionals involved in his or her related care.

IMPORTANT INFORMATION

ABOUT THE MANE EVENT

The Mane Event program is a collection of services designed to serve you and your family. As part of the program we provide: mentoring, individual and group activities, Bible study, basic horsemanship skills, character education, life skills, Christian counseling, wagon driving, horse races, and ropes course activities. Along with these services, we offer a parent program which provides support and resources to the parents and guardians of the children we serve. Additionally, as part of the parent program, we allow and encourage parents and guardians to take part in various events and activities around the ranch.

PRIVACY

All staff, mentors and volunteers are required to sign a confidentiality agreement as part of participating at Hope Remains Ranch. However, there are some limitations to which you need to be aware. We are required by law to release information to the appropriate authorities when we have reasonable suspicion to believe that: a person poses a risk to themselves or others unless protective measures are taken; and in cases of abuse or neglect of children or vulnerable adults. Additionally, HRR uses a team approach. Information given to HRR may be shared among the team of staff or volunteers or with a licensed therapists working with you or your child.

CLIENT DRESS AND CONDUCT CODE

1. Clothes will get dirty and/or damaged.
2. Clothes NOT allowed: baggy, spaghetti straps, tank tops, symbolic of gangs, drugs, vulgarity, shorts above the knee.
Best clothes: jeans, shorts to knees or below, t-shirts, sweaters.
3. Shoes NOT allowed: toms, flip flops, open toe/heal shoes.
Best footwear: boots and/or tennis shoes.
4. Items NOT allowed: cell phones, electronic devices, knives, matches, lighters, or anything that could be used as a weapon. If any of these items are brought to HRR, they must be given to the staff for safe keeping during the Mane Event. If weapon-like items are brought to HRR, they will be taken away permanently.
5. HRR is a smoke free and drug free ranch.
6. All clients are expected to exhibit manners and respect authority, their peers, ranch animals and property in general. All clients are expected to accept consequences for their behaviors and do what is asked of them the first time they are asked, without complaining, arguing or fussing.
7. IF a client threatens to do harm to HRR staff, peers, animals or property in general AND/OR if a client runs away from the ranch; the police will be called and charges will possibly be filed against the client.
8. Farm chores are a part of the Mane Event program. These chores include, but are not limited to: cutting grass, weeding, mucking stalls, mending fences, painting, and general ranch maintenance.
9. Please do not bring any food or drink to HRR. Some children involved in the HR program have food allergies.

I, _____ (parent/guardian) give consent for _____ (child's name) to participate in the Mane Event at Hope Remains Ranch. I further state that I have read, understand and agree to the limitations and conditions listed above.

Parent/Guardian Signature: _____

DATE: ____ / ____ / ____

ATTENDANCE & CLOSINGS

Your child should be at HRR on the proper days unless they are sick or have been excused for approved activities. If your child did not go to school due to sickness, then please do not bring them to HRR. Closings due to snow or inclement weather will be the same as the school districts. Please watch Channel 7 for information.

CONTACTING US

We are not always immediately available by telephone. At these times, you may leave a message and your call will be returned as soon as possible. For non-urgent matters, this may take up to 48 hours. All scheduling or discussions should come through the HRR office. Please do not contact any HRR staff or volunteer via any type of social media.

EMERGENCIES

If you feel that there is imminent risk to yourself or to someone else, call 911 immediately. Your child may return to The Mane Event once the crisis is resolved and your child is under the care of the necessary professionals.

ADDITIONAL THERAPEUTIC SERVICES

In the Mane Event program your child will not be seen by a licensed therapist unless you have scheduled an appointment a week in advance with HRR therapists. If your child is not under the care of a licensed therapist and is experiencing symptoms that could cause danger to themselves or others if left untreated, we will require that your child be enrolled in an appropriate program before continuing to see them in the Mane Event. We will provide you with a referral if you elect not to utilize the services of HRR licensed therapists.

I agree to allow one of HRR's licensed therapists to contact me to discuss potential therapy or referrals if HRR suspects that additional therapeutic services may be needed.

Parent Initials: _____

PHOTOS/FILMING

Occasionally Hope Remains will have a need to photograph or film your child for publications, fundraising events, portfolio's, advertisements, Facebook and/or use on our website. Your child's name will not be printed. By initialing below you give HRR permission to use your child's picture in these publications.

Parent Initials: _____

SEX EDUCATION

Sexual topics, such as: sexual addictions, temptations, sexually transmitted diseases, and inappropriate sexual behaviors are at times brought to the HRR personnel's attention. HRR uses Biblical standards and curriculums when addressing such topics. By initialing below, you agree to allow Hope Remains to counsel your child on these issues utilizing Biblical standards.

Parent Initials: _____

HOPE REMAINS RANCH

PARTICIPANT RELEASE AND CONSENT FORM

I _____, in consideration of the extension of rights to use these specific equestrian areas and facilities do hereby agree that I am aware that these areas and facilities I will be using are owned by equine sponsors and are subject to the South Carolina Equine Act limiting equine sponsors from liability. I have been given a copy of this Act and I have read and understand this Act.

SOUTH CAROLINA - WARNING - Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

NOTICE: This is an Equine Facility. All activities on these grounds are subject to the Equine Inherent Risk Law S.C. Code Annotated 47-9-7. By your presence on these grounds you have indicated that you have accepted the limits of liability resulting from inherent risks of equine activities. I agree that my use of the Trail system, Training Arena, Barn, Horses, Farm Equipment, and any other portions of the property or facilities will be an Equestrian Activity as previously described. Accordingly, I agree to hold the Equine Sponsors consisting of the undersigned sponsor and all individual property owners harmless should I be injured in any way while on their respective properties.

Use of the Equestrian Trail System and Equestrian Arena any portions of the property or facilities shall be for the pleasure of the user only and shall be at the user's own risk. The Owners/Hope Remains Ranch shall require that anyone who uses any of these facilities sign this hold-harmless form that (a) acknowledges having read the SC Equine Act, (b) acknowledges assumption of risk, (c) agrees to hold harmless and indemnify the Property Owners/Hope Remains Ranch from any liability that may occur as a result of their use.

Participant [Print]: _____ Participant Signature: _____ Date: _____

***if participant is under 18 years of age, guardian must sign below**

Guardian [Print]: _____ Guardian Signature: _____ Date: _____

Insurance Name and Phone number: _____ (_____) _____

Emergency Contact Name [Print]: _____ (_____) _____

Emergency Contact Name [Print]: _____ (_____) _____

DECLARATION OF FITNESS TO RIDE AND/OR PARTICIPATE IN EQUINE ACTIVITIES

I hereby declare that I am physically fit. I do not and have not suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during any equine activities (riding, equine therapy, etc): Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, drug or alcohol addiction, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs.

I hereby declare that I have no physical or mental condition that should preclude me from participating in ANY equine activities; that I am not participating against medical advice or treatment and that I have not been diagnosed by a registered doctor as having a terminal illness.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of equine activities, I will notify the instructor/guide/employee of Hope Remains Ranch (the insured) immediately and before moving away from the immediate vicinity.

I have read the above Declarations, understand them, and I agree to be bound by them.

Participant [Print]: _____ Participant Signature: _____ Date: _____

***if participant is under 18 years of age, guardian must sign below**

Guardian [Print]: _____ Guardian Signature: _____ Date: _____

CONSENT FOR GROUP PARTICIPATION

I agree to participate/ allow my child to participate in group equine therapy at Hope Remains Ranch.

Participant [Print]: _____ Participant Signature: _____ Date: _____

Guardian [Print]: _____ Guardian Signature: _____ Date: _____