



8667 E. Shea Blvd, Suite 106-522
Scottsdale, AZ 85260
Phone: 480.393.0870
Fax: 480.626.4134
info@hunkapi.org
www.hunkapi.org

EMERGENCY MEDICAL AUTHORIZATION AND RELEASE FORM

Participant Name: _____ **Date of Birth:** _____

Address: _____

Parent(s)/Guardian(s)(if applicable): _____

Home Phone: _____ **Cell Phone:** _____

1st Emergency Contact: _____ **Phone:** _____

Relationship to Participant: _____

2nd Emergency Contact: _____ **Phone:** _____

Relationship to Participant: _____

Physician Name: _____ **Physician Phone:** _____

Insurance Co: _____ **Account #** _____

IMPORTANT MEDICAL INFORMATION: Please list any important medical history, including medications, allergies, current medical conditions, and any physical impairments or special considerations which should be made known to emergency treatment personnel.

PLEASE INITIAL

Part I

CONSENT FOR TREATMENT: I hereby give my consent and authorize the personnel of the Hunkapi Programs Inc. to authorize and arrange for medical treatment, including, but not limited to, x-rays, surgery, anesthesia, hospitalization, medication and any emergency treatment procedures deemed "life saving" by a physician. This provision shall be invoked if I (or my child/ward) am unable to communicate or arrange for treatment, and my parent/guardian or emergency contacts are unable to be contacted in a timely manner. I understand that the cost of any such treatment authorized by Hunkapi Programs Inc. shall remain my responsibility.

OR

_____ **NO CONSENT FOR TREATMENT:** I do not give consent for personnel of the Hunkapi Programs Inc. to authorize medical treatment for me (or my child/ward), except to arrange for emergency medical treatment/aid on my behalf. In the event of an emergency, I wish the following to take place:

PART II

_____ I agree to indemnify and hold harmless HUNKAPI PROGRAMS INC., and its members, officers, servants, agents, volunteers and employees (hereinafter HUNKAPI PROGRAMS INC.), for any costs incurred to treat me, even if HUNKAPI PROGRAMS INC. has signed medical facility documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, HUNKAPI PROGRAMS INC. from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorneys' fees and expenses, that may be sustained by me while receiving medical care or in HUNKAPI PROGRAMS INC. deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of HUNKAPI PROGRAMS INC. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

Client (over 18 years of age) or Parent/Guardian Signature _____

Print Name: _____ **Date** _____



CAMELOT FARMS, INC.
12051 NORTH 96TH
SCOTTSDALE, AZ

RELEASE OF LIABILITY

I, the undersigned, covenant and agree to assume all risk, Liability and responsibility for any accident, injury or damage and/or any other casualty, and to release and hold harmless Camelot Farms, Inc. its representatives, agents, servants, employees, successors in interest, and all persons connected with the stable or firm, their heirs or assigns or successors (hereinafter collectively referred to as Camelot Farms, Inc.), from liability for death or any personal injury of whatsoever kind or nature, to myself, my family or real property, resulting from any cause whatsoever, or of any kind of nature, excluding intentional or gross negligent conduct on the part of Camelot Farms, Inc.

It is understood and agreed that the release of Camelot Farms, Inc. and all those connected within the stable or farm, as previously set forth, is a necessary part of this agreement without which I would not be permitted to ride or participate in other activities at the stable or on the farm.

Signature:

Print Name:

Date:

Email:

Address:

City:

State:

Zip Code:

Parent or Guardian (If person is a minor):

Camelot Farms, Inc.

www.Hunkapi.org

www.Facebook.com/HunkapiPrograms

Phone (480)393-0870



Background Check Waiver

(Required for Volunteers Ages 18+Only)

By signing this form, I authorize Hunkapi Programs through true hire , Inc. to access and review state and federal criminal history records and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for a crime that bears upon my fitness to be able to volunteer for a position of trust over children, vulnerable adults or persons with disabilities and convey that determination to the qualified entity. True hire shall make reasonable efforts to respond to the inquiry within 10 business days. I hereby do release True hire , all persons, organizations, or government agencies, from any damages of, or resulting from, furnishing such information. I have been provided with a copy of this form. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief.

Signature

Print (full legal name) :

Social Security Number: - - D.O.B.

Witness:

Date:



Volunteer Background Release

In connection with my possible volunteer service at **Hunkapi Programs Inc.**

I hereby authorize **True Hire**, on behalf of **Hunkapi Programs Inc.**, to procure a local and/or national background check on me. I understand the background check will contain record of any criminal conviction and/or criminal file maintained on me whether local, state, or national. I hereby release **True Hire** and **Hunkapi Programs Inc.** of any and all claims and liability resulting from such disclosures. I hereby authorize all law enforcement agencies to release all information they may have about me to **True Hire** and **Hunkapi Programs Inc.** or its agents, and do forever release them from any liability or responsibility for doing so to the fullest extent allowed by law from any claims arising from the requested information.

I recognize and agree that a copy or facsimile of this document shall be as valid as the original. I recognize and agree that this release shall be valid for this and any future update reports requested.

According to the Fair Credit Reporting Act, I am entitled to know if I am denied based on information contained in this report, and to receive, upon written request, a disclosure of the public record information as well as the nature and scope of the investigative report.


Confidential Information Used for Background Checking Purposes

PRINT FIRST NAME	MIDDLE INITIAL	LAST	SOCIAL SECURITY NUMBER	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE	Exp. Date	Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
PRESENT ADDRESS	CITY, STATE, ZIP		COUNTY	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
EMAIL				
<input type="text"/>				

Please list any previous addresses you have had in the past 7 years:

PREVIOUS ADDRESS	CITY, STATE, ZIP	COUNTY
<input type="text"/>	<input type="text"/>	<input type="text"/>
PREVIOUS ADDRESS	CITY, STATE, ZIP	COUNTY
<input type="text"/>	<input type="text"/>	<input type="text"/>
PREVIOUS ADDRESS	CITY, STATE, ZIP	COUNTY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list any former felonies or misdemeanors you have been convicted of in the past 7 years (Please list date, charge, location, disposition):

	<input type="text"/>	<input type="text"/>
	Signature	Date



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Waiver and Release

(Check one) Volunteer Rider Non---Riding Participant

I give permission for my child/my ward to participate in horseback riding and/or other program activities operated by the HUNKAPI PROGRAMS INC.

I give permission for HUNKAPI PROGRAMS INC. personnel to take photos of me/my child/my ward for the personal file that is maintained by HUNKAPI PROGRAMS INC. I understand that public event photos may be taken while I/my child/my ward are participating and consent to the use of these photos for community awareness purposes.

I agree to assume all risks that may result in injury to me/my child/my ward or any other person while volunteering, participating, or observing HUNKAPI PROGRAMS INC activities. I understand that unexpected events may occur while I/my child/my ward is volunteering for, participating in, or observing these activities. It is my express intent that this entire agreement shall bind the members of my family, my spouse, my heirs, assigns and personal representatives.

I agree that in consideration for allowing participation in horseback riding and/or other program activities operated by HUNKAPI PROGRAMS INC, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, HUNKAPI PROGRAMS INC and its members, officers, servants, agents, volunteers and employees, and the owners and operators of all facilities utilized by HUNKAPI PROGRAMS INC in the provision of services and program activities (hereinafter HUNKAPI PROGRAMS INC), from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorneys' fees and expenses, that may be sustained while participating in or observing such activities, while traveling to or from such activities, or while on the premises owned or leased by HUNKAPI PROGRAMS INC, including injuries sustained as a result of the sole, joint, or concurrent negligence per se, statutory fault, or or grossly negligent conduct.

I understand that **UNDER ARIZONA STATE LAW, AN EQUINE OWNER OR AGENT IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES PURSUANT TO ARIZONA REVISED STATUTES 12-553.**

I understand that participation is voluntary.

PROTECTIVE HEADGEAR / HELMET WARNING AND OFFERING: I /WE AGREE THAT: I for myself and on behalf of my child and / or legal ward have been fully warned and advised by HUNKAPI PROGRAMS, INC that protective headgear / helmet, which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, should be worn while riding, handling and / or being near horses, and I understand that wearing of such headgear / helmet at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences. I / WE ACKNOWLEDGE THAT: THIS STABLE has offered me, and my child and / or legal ward if applicable, protective headgear / helmet that meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet. I / WE ACKNOWLEDGE THAT: Once provided, if I choose to wear the protective headgear / helmet offered that I / WE will be responsible for properly securing the headgear / helmet on the participant's head at all times.

HUNKAPI PROGRAMS, INC PROTECTIVE HEADGEAR / HELMET POLICY: I understand and agree that HUNKAPI PROGRAMS INC requires all riders 17 yrs and younger to wear the SEI CERTIFIED ASTM STANDARD F 1163 Protective Equestrian Helmet, unless their parents or legal guardians sign a refusal statement in the box that follows.

PROTECTIVE HEADGEAR / HELMET ACCEPTANCE OR REFUSAL SELECTION FOR RIDERS

Check your choice:

- PROTECTIVE HEADGEAR / HELMET ACCEPTANCE: I / WE request for this participant to wear protective headgear / helmet which HUNKAPI PROGRAMS, INC provides.
- PROTECTIVE HEADGEAR / HELMET REFUSAL: I / WE refuse for this participant to wear any type of protective headgear / helmet and / or will provide MY / OUR safety in this decision.

Signature:

Date:

Print Name:

Participant Name:

Address:

Email:

Home Phone

Cell Phone