



# Program Application

## APPLICANT INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Guardian's name: \_\_\_\_\_

## CLASS INFORMATION

Title of class you are registering for \_\_\_\_\_

Day and time of class \_\_\_\_\_

## EMERGENCY INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_

## PAYMENT INFORMATION

Cash     Check    Check # \_\_\_\_\_    Amount \$ \_\_\_\_\_

Credit Card     Visa     Mastercard     Discover     American Express

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security Code (on the back of the card) \_\_\_\_\_

Authorized Signature (as it appears on the card) \_\_\_\_\_

**Payment Cancellation and Refund Policy:** Full payment must be received by the first day of class. 14 day cancellation required for full refund. Due to the progressive nature of the sessions, make-ups cannot be made, however additional time with the horse may be arranged.

Please return completed form with payment to:  
The Grace Foundation • P.O. Box 4692, El Dorado Hills, CA 95762 • (916) 941-0800  
[www.TheGraceFoundation.com](http://www.TheGraceFoundation.com)



# The Grace Foundation of Northern California

Non-Profit 501(c)(3) organization / Tax ID #52-2444981

## RELEASE OF LIABILITY

**NOTICE TO VOLUNTEER/VISITOR/PARTICIPANT.** YOU MUST READ THIS ENTIRE DOCUMENT and initial each paragraph BEFORE SIGNING IT. Volunteers/Visitors/Participants under the age of 18 must have a parent or legal guardian initial and sign this form. Electronic signatures or computer generated initials are not accepted in lieu of your personal signature and acknowledgement.

Initial each box

I, \_\_\_\_\_ (Volunteer/Visitor/Participant's Name) ACKNOWLEDGE that in order to participate in the Grace Foundation of Northern California's Programs (herein Grace Foundation Programs) or to visit or tour the ranch property, I must agree to the terms of this waiver.

I ACKNOWLEDGE that the Grace Foundation Programs were explained to me, or that I have declined to have them explained to me. I fully understand and appreciate the risk of injury involved in participating as a volunteer for the Grace Foundation Programs.

I ACKNOWLEDGE that I have been given, read, and fully understand the Safety Rules for Handling Horses. (see Safety Rules at the end of this application)

I ACKNOWLEDGE that mounted and un-mounted equestrian activities, including but not limited to: working with a horse, grooming, feeding, caretaking, riding a horse, driving or riding in a cart drawn by a horse, and other mounted and un-mounted equestrian activities, ANY AND ALL ACTIVITIES THAT INVOLVE BEING AROUND HORSES AND OTHER ANIMALS residing at the Grace Ranch, including but not limited to dogs, cats, cattle, sheep, goats, poultry, or other livestock, etc. are INHERENTLY DANGEROUS ACTIVITIES, which involve a risk of injury. I acknowledge that I may sustain injuries. I EXPRESSLY ASSUME ALL KNOWN OR UNKNOWN RISKS involved in such activities and PARTICIPATE AT MY OWN RISK.

I ACKNOWLEDGE that due to the nature of ranch activities, accidents can and do occur, even if the utmost care and safety is exercised. I hereby, EXPRESSLY WAIVE, RELEASE, AND FOREVER DISCHARGE The Grace Foundation of Northern California, its Board of Directors, Instructors, Therapists, Aides, Volunteers, Agents, Employees, Sponsors and Affiliates, land owners, MJ 318 A California limited partnership, Angelo K. Tsakopoulos, Tsakopoulos family partnerships, a California General Partnership, and John Kemp Trust, MJM Properties and Mike McDougall, whosoever from ANY AND ALL LIABILITY, CLAIM, LOSS, DAMAGE, COST, OR EXPENSE arising from, or attributable in any legal way to, ANY NEGLIGENT ACT OR OMISSION on the part of any such person or organization.

I ACKNOWLEDGE that I have carefully read this waiver and release, and that I fully understand that it is a RELEASE OF LIABILITY. I also acknowledge that I am waiving any and all rights that I may have to bring a lawsuit in which I could assert claim against The Grace Foundation of Northern California and all other persons mentioned above for any damages cause by negligence of the aforementioned parties. I hereby consent to the terms of this waiver

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

\_\_\_\_\_  
*Volunteer/Visitor/Participant Signature*

### Parent/Legal Guardian Release of Liability for a Minor

I ACKNOWLEDGE that I have carefully read this waiver and release on behalf of my child or ward, and that I fully understand that it is a RELEASE OF LIABILITY. I acknowledge that I am waiving any and all rights that I may have to bring a lawsuit in which I could assert claim against The Grace Foundation of Northern California and all other persons mentioned for any damages caused by the negligence of the aforementioned parties. I hereby consent to the terms of this waiver and allow my child or ward to participate as a volunteer or student in the Grace Programs

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

\_\_\_\_\_  
*Parent/Legal Guardian Signature for minor under 18 years of age*

**You must initial and sign this release prior to entering the Grace Foundation of Northern California ranch property.**



## The Grace Foundation of Northern California

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### PHOTO RELEASE

I, the undersigned, do hereby consent and agree that the Grace Foundation of Northern California, its employees, or agents have the right to take photographs, videotape, or digital recordings of me or my child or ward whenever we are on Grace Foundation property or acting as their agent in a public event, and to use these in any and all media, now or hereafter known, and exclusively for the purpose of supporting the Grace Foundation's mission. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the Grace Foundation of Northern California, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or my child or ward's identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me or my child or ward, either for initial or subsequent transmission or playback.

I also understand that The Grace Foundation of Northern California is not responsible for any expense or liability incurred as a result of my or my child or ward's participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name of child or ward under the age of 18: \_\_\_\_\_

Name of person authorizing Release: \_\_\_\_\_

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

\_\_\_\_\_  
*Signature of Volunteer/Visitor/Participant or Parent/Legal Guardian for Minor under 18 years of age*



# The Grace Foundation of Northern California

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## EMERGENCY MEDICAL RELEASE FORM

If emergency medical care is required for \_\_\_\_\_ (volunteer name) while receiving services from, providing services to, or while being on the property of The Grace Foundation of Northern California, and if the normal permission isn't available in a timely manner, the undersigned authorizes emergency medical personnel to provide emergency medical care and consents to treatment by a physician and at medical facilities.

In case of an emergency contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If not available, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician Phone: \_\_\_\_\_

Volunteer takes the following medication: \_\_\_\_\_

For: \_\_\_\_\_

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

Medical Insurance Company: Policy Number: \_\_\_\_\_

I assume responsibility for providing updated information to the Grace Foundation should the above information change.

**I HAVE READ THIS ENTIRE EMERGENCY MEDICAL RELEASE FORM AND AGREE TO IT.**

**I KNOW BY SIGNING THIS FORM, I RELINQUISH ALL CLAIMS I MAY HAVE AGAINST THE GRACE FOUNDATION OF NORTHERN CALIFORNIA, its Board of Directors, Instructors, Therapists, Aides, Volunteers, Agents, Employees, Sponsors and Affiliates whosoever.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Volunteer Signature*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Parent/Legal Guardian Signature for minor under 18 years of age*

All information provided in this release will be kept private and confidential and only used in case of a medical emergency



The Grace Foundation of Northern California  
**Grace Foundation Youth Leadership Program**  
Pre-Horseback Riding Questionnaire and Sign-up

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

**To assign an appropriate horse to you, please complete the following information**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe size (if needed) \_\_\_\_\_ Helmet size (S-M-L if known) \_\_\_\_\_

**CANCELLATION & PROMPT PAYMENT POLICY**

**Please read and initial each statement.**

- All fees are payable in advance. No riders will be allowed to continue lessons if fees are not submitted in advance *Initial below*
- A minimum of 24 hours notice is preferred when cancelling a lesson.
- Lessons will be cancelled if the rider is 10 minutes late and has not notified the office

**Rider's History**

1. How many years have you been riding? \_\_\_\_\_
2. What styles and types of riding have you done in the past? (*Dressage, trail rides, Western pleasure, English, hunter/jumper*) \_\_\_\_\_
3. How often do you ride? \_\_\_\_\_
4. What is your riding proficiency? (*Beginner, intermediate, experienced*) \_\_\_\_\_
5. Please provide any other information about your riding experience that will help us understand your riding experience: \_\_\_\_\_
6. What is your comfort level around horses? (*Rate between 1 and 10 with 1 being they scare me and 10 being very comfortable*) \_\_\_\_\_
7. What is your comfort level riding a horse? (*Rate between 1 and 10 with 1 being just beginning and 10 very comfortable*) \_\_\_\_\_
8. What do you want to do with your riding skills?  
 Pleasure  
 Trail  
 Show Circuit

**Parents or Guardians, please complete the Grace Youth Development Questionnaire on the reverse side of this form before signing this document.**

**If the rider is under the age of 18 years, the parent must sign below.**

Print Parent's Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_  
 Print Rider's Name \_\_\_\_\_ Rider's Signature \_\_\_\_\_

**Grace Foundation Youth Leadership Program**  
**Parent/Caretaker Confidential Questionnaire**

1. Has your child ever participated in any structured youth program? If yes, could you tell us a little bit about it? Yes No

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2. What do you feel are your child's Strengths?

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Difficulties?

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3. What do you hope your child will achieve in this program?

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4. Does your child have any special needs?

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5. Is there anything else you want us to know about your child?

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**If the rider is under the age of 18 years, Please sign on the first page of this form in the space provided.**

Parent's name: \_\_\_\_\_

Child's name: \_\_\_\_\_