

Hope for Hooves Rescue

PARTICIPANT GUIDE



RESONATING WITH THE RESCUES MENTORSHIP PROGRAM

45 VAN ROAD | NORTH AUGUSTA, SC | 29860 (803) 292-0496

PARTICIPANT GUIDELINES

1. All forms must be completed prior to participation in our Resonating With The Rescues Mentorship Program
2. While Hope for Hooves Rescue is a working farm it is also a private residence. In order to respect our privacy no participant, parent, legal guardian, family member or friend is allowed to enter the house unless you have been invited in by a mentor or the owner.
3. For your convenience a portable restroom is located near the driveway.

WHAT IS OUR MISSION?

Hope for Hooves Rescue is a 501(c)(3) non-profit organization founded in 2020 with a mission to rescue and rehabilitate equines so they can, in turn, help restore faith and rebuild broken spirits in children. We provide a safe haven for children and families to begin to find hope and learn to trust again and to discover inner healing while developing a relationship with Jesus Christ.

WHAT IS RESONATING WITH THE RESCUES?

Resonating With The Rescues is a mentorship program provided by Hope for Hooves Rescue for children ages 5 and up. With the grounding process of everyday farm life, we strive to introduce others to the therapeutic nature of connecting to the earth, animals, and hopefully in the process - oneself. Many of our equines and other farm animals are rescued from situations of neglect and abuse, and given a second chance to live out the rest of their lives helping children who need to experience the equivalent amount of love and healing.

Each child is paired with a mentor for a 90 minute season full of activities that are meant to build trust, increase self-esteem and build self-confidence. Activities include, but are not limited to, devotion and prayer, chat sessions, brushing horses, reading to the rescues, helping with farm chores, interacting with farm animals, painting, playing games, gardening, and woodworking (coming soon).

WHAT IS OUR GOAL?

The goal of our mentorship program is to provide emotional healing, increase positive behaviors and reduce risk behaviors in order to help our participants make healthy choices and reach their full potential. This is achieved by providing them with devotion and prayer, chat sessions, animal interaction, working with horses, reading to the rescues, playing games, art/crafts, gardening, doing barn chores and much more.

WHO DO WE SERVE?

Any child is welcome to experience the healing nature of our farm - foster children, cancer patients, human trafficking survivors, those who have suffered from abuse, those with special needs, those who have lost a loved one, those who have a parent who is incarcerated and anyone who may be battling inner turmoil. We believe that no broken spirit is too far beyond repair.

WHY DO WE OFFER MENTORING?

Research states that it takes approximately 6-12 months to see desired outcomes from mentoring. Additionally, mentoring relationships that last one year or longer have shown the biggest improvements in academic, psychosocial, and behavioral outcomes. Finally, research also states that mentor pairs should spend at least 1-2 hours together, per week, for at least one school year.

SAFETY RULES FOR PARTICIPANTS

1. Wear appropriate clothing according to the weather the day of session.
2. Boots must be worn when entering the barn and/or working with the farm animals. Other types of shoes may be worn for all other activities.
3. You are only allowed to enter the barn or animal enclosure without a mentor. NO EXCEPTIONS.
4. No running around inside the barn or around the horses.
5. No screaming or shouting will be permitted while working with a horse. Doing so can be dangerous to you as well as the horse and your mentor.
6. Mentors may end a session prior to the completion if they feel that the session has become unsafe.

SAFETY RULES FOR FAMILY MEMBERS AND FRIENDS

1. Please arrive no more than 10 minutes prior to your child's session and remain in the car until their mentor comes to get them. If the student arrives late the session will still end at the regularly scheduled time. No partial refunds will be issued.
2. Family members and friends are more than welcome to walk around with your child and their mentor but please remain at a distance far enough as to not cause any interruptions. Anyone who does not adhere to this rule will be asked to sit in the car for the remainder of the session.
3. The animal enclosures are for participants and mentors ONLY. Family members or friends are not allowed to enter.
4. If you must bring their siblings, please respect your child's bonding time with their mentor. Do not allow them to become a distraction. They must be supervised at ALL times.
5. For their safety, do not bring your personal pets to the farm.
6. There is no smoking allowed on the premises. If you are caught your child's session will immediately end and no partial refund will be issued.
7. No drugs or alcohol are allowed on the premises. If you do not adhere to this rule your child's session will end immediately and you will be asked to leave the premises. At this point your child will be considered terminated from our program and no refunds will be issued.

PAYMENTS

Sessions are \$20 for a 90 minute session per child. Payment is due on or before the day of session and must be paid before session begins. We accept payments via our secure giving platform at [hope for hooves.networkforgood.com](https://hopeforhooves.networkforgood.com).

If you need to cancel a session you must contact us at least 2 hours before your child's scheduled time. You can either call, text or email us. Failure to do so will still result in full payment being required.

In order for us to be good stewards with our resources, only ONE no-show will be excused.

WEATHER CANCELLATION POLICY

Because our mentorship program is all outdoors we are directly impacted by the weather. Hope for Hooves Rescue reserves the right to to cancel a session if weather conditions are imminent. Our number one priority is keeping your child and our animals safe from inclement weather. (ie; heavy rain, freezing temperatures, high heat index, high winds and lightning) Below is a list of conditions that will require us to reschedule a session:

Temperatures below 32 degrees

Above 80% chance of rainfall

Severe thunderstorm activity

Temperatures above 95 degrees

Above 80% chance of severe thunderstorm

Tornado warnings or watches

I HAVE READ ALL OF THE SAFETY RULES LISTED ABOVE AND HAVE EXPLAINED THE RULES TO MY CHILD. I AGREE TO ADHERE TO ALL OF THE SAFETY RULES AND UNDERSTAND THAT NOT ABIDING ANY OF THESE RULES COULD POSSIBLY LEAD TO THE TERMINATION OF MY CHILD'S OPPORTUNITY TO BE A PARTICIPANT IN THE RESONATING WITH THE RESCUES MENTORSHIP PROGRAM.

Today's Date_____

Participant's Name (Parent or legal guardian if under 18)_____

Participant's Signature (Parent or legal guardian if under 18)_____

Name of Personal Insurance Provider_____

Policy Number_____

RESONATING WITH THE RESCUES MENTORSHIP PROGRAM APPLICATION

Parent/Legal Guardian Name (if under 18) _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email _____

Participant Full Name _____ **DOB** _____ **Age** _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email _____

Are you a student? Yes No If yes, Name of School _____ Current Grade _____

Notes: _____

How did you hear about our program? _____

Why do you wish to register your child for our Resonating With The Rescues Program? (What would like to see your child accomplish)

MEDICAL INFORMATION

Name of Physician: _____

Most recent physical examination date: _____ Diagnosis: _____

Overall physical health status: Excellent Good Fair Poor

DO YOU HAVE or HAVE YOU EVER HAD: (check all that apply)

hospitalization for illness or injury? If yes, please explain: _____

an allergic reaction to:

aspirin, ibuprofen, acetaminophen, codeine

latex

penicillin

metals (nickel, gold, silver)

tetracycline

sulfa

arthritis

psychiatric treatment

contact lenses

asthma

hearing aids

head or neck injuries

depression

hives, skin rash, hay fever

neurological disorders (ADD/ADHD, prion disease)

heart problems

anxiety

anemia

epilepsy, convulsions, seizures

high or low blood pressure

autism

exhaustion or fatigue

post-traumatic stress disorder

diabetes

mood changes

headaches

alcohol or drug use (date of last usage _____)

Any Known Allergies (chemicals, animals, food, insects, pollen): _____

Sensitivities (e.g. bright colors, sounds, fears, touch, bright lights): _____

Interests (e.g. animals, gardening, games, bugs): _____

Please list all medications, vitamins or supplements that you are currently taking:

Name: _____ Purpose: _____

Name: _____ Purpose: _____

Name: _____ Purpose: _____

Name: _____ Purpose: _____

Name: _____ Purpose: _____

Name: _____ Purpose: _____

Name: _____ Purpose: _____

My signature certifies that all information above is true and correct to the best of knowledge.

Participant Signature (Parent or Legal Guardian if under 18) _____

Today's Date _____

WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION OF the risk of injury that exists while participating in ANY EQUINE-RELATED ACTIVITY INCLUDING, BUT NOT LIMITED TO, INSTRUCTION AND TRAINING (hereinafter the 'Activity'); and

IN CONSIDERATION OF my desire to participate in said Activity and being given the right to participate in same;

I HEREBY, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, 'Releasor', 'I' or 'me', which terms shall also include Releasor's parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Activity; and

I HEREBY release and forever discharge HOPE FOR HOOVES RESCUE, located at 45 Van Rd, North Augusta, SC 29860, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively 'Releasees'), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY, OR FROM CONDITIONS AT THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.

I FURTHER AGREE to indemnify, defend and hold harmless the Releasees against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs.

I FURTHER ACKNOWLEDGE that Releasees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Releasees. In the event that I should require medical care or treatment, I authorize Hope for Hooves Rescue to provide emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AED's, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I FURTHER ACKNOWLEDGE that this Activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. I agree not to participate in the Activity unless I am medically able and properly trained, and I agree to abide by the decision of the Hope for Hooves Rescue official or agent, regarding my approval to participate in the Activity.

I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS 'WAIVER AND RELEASE OF LIABILITY' AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE HOPE FOR HOOVES RESCUE AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST HOPE FOR HOOVES RESCUE FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for ordinary negligence, this release is also for such negligence on the part of Hope for Hooves Rescue, its agents, employees and volunteers.

I agree that this Release shall be governed for all purposes by South Carolina law, without regard to any conflict of law principles. This Release supersedes any and all previous oral or written promises or other agreements.

In the event that any damage to equipment or facilities occurs as a result of my agents' willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any such actions of neglect or recklessness.

THIS WAIVER AND RELEASE OF LIABILITY SHALL REMAIN IN EFFECT FOR THE DURATION OF MY PARTICIPATION IN THE ACTIVITY, DURING THIS INITIAL AND ALL SUBSEQUENT EVENTS OF PARTICIPATION.

THIS AGREEMENT was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two or more parties of equal bargaining strength. Both Participant and Hope for Hooves Rescue agree that this agreement is clear and unambiguous as to its terms, and that no other evidence shall be used or admitted to alter or explain the terms of this agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

I, THE UNDERSIGNED PARTICIPANT, AFFIRM THAT I AM FREELY SIGNING THIS AGREEMENT. I CERTIFY THAT I HAVE READ THIS AGREEMENT, THAT I FULLY UNDERSTAND ITS CONTENT AND THAT THIS RELEASE CANNOT BE MODIFIED ORALLY. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND THAT I AM SIGNING IT OF MY OWN FREE WILL.

Participant Name: _____

Parent/Guardian Name (if under 18): _____

Participant Signature (Parent or Legal Guardian Name if under 18): _____

Participant Address: _____ City _____ State _____ Zip _____

Today's Date: _____

Photo Use Release Form

I, _____, hereby grant and authorize Hope for Hooves Rescue the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me by Hope for Hooves Rescue to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless Hope for Hooves Rescue otherwise revokes said authorization in writing.

I understand and agree that these materials shall become the property of Hope for Hooves Rescue and will not be returned.

I hereby hold harmless, and release Hope for Hooves Rescue from all liability, petitions, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

Signature of Participant (Parent/Legal Guardian if under 18)

Printed Name of Participant (Parent/Legal Guardian if under 18)

Today's Date

FINANCIAL ASSISTANCE POLICIES

Our goal is to make our Resonating With The Rescues Mentorship Program FREE for all participants through the generosity of our supporters when they donate to our Scholarship Fund. Scholarships are awarded on a first come, first served basis until all monies have been allocated. Scholarships are awarded January through December.

If all of our Scholarship funds are allocated at the time of enrollment the parent or legal guardian is responsible for payments. If you need financial assistance, a **Financial Assistance Application** must be completed to determine eligibility, including tax returns and other supporting documents. We use the Edgefield County HUD Income Guidelines (see chart below) that are used to determine eligibility for public housing to determine financial assistance eligibility for our mentorship program. Please allow 30 days for applications to be reviewed for consideration.

WAYS YOU CAN HELP REDUCE YOUR FINANCIAL RESPONSIBILITY

1. Volunteer for our Community Events throughout the year. Each hour will count as one dollar.
2. Create a fundraiser on Social Media to raise funds for Hope for Hooves Rescue.
3. Ask your family members, friends and employer to sponsor your child.

Edgefield County Housing Authority Income Limit

Persons in Family/Household	Gross Monthly Income	Net Monthly Income
1	\$1,383	\$1,064
2	\$1,868	\$1,437
3	\$2,353	\$1,810
4	\$2,839	\$2,184
5	\$3,324	\$2,557
6	\$3,809	\$2,930
7	\$4,295	\$3,304
8	\$4,780	\$3,677

Financial Assistance/Income Verification Application

PLEASE SUBMIT THE FOLLOWING DOCUMENTS (PHOTOCOPIES ONLY):

- Copy of latest tax return or letter of non-filing status from most recent tax year
- Copy of most recent W-2
- Copies of your last two paycheck stubs
- Copies of court ordered child support, subsidized housing, social security, food stamps, school loans/grants or other sources of income
- A personal letter explaining your need for assistance

PLEASE PRINT CLEARLY

DATE OF APPLICATION _____

FIRST NAME _____ M.I. _____ LAST NAME _____ DATE OF BIRTH _____

ADDRESS _____ APT. _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

APPLICANT EMPLOYER INFORMATION

EMPLOYER _____ PHONE NUMBER _____

SUPERVISOR _____ LENGTH OF EMPLOYMENT _____

SECONDARY ADULT INFORMATION

FIRST NAME _____ M.I. _____ LAST NAME _____ DATE OF BIRTH _____

EMPLOYER _____ PHONE NUMBER _____

SUPERVISOR _____ LENGTH OF EMPLOYMENT _____

DEPENDENTS/CHILDREN

NAME	AGE	GENDER	DATE OF BIRTH	SCHOOL

PLEASE ANSWER THE FOLLOWING:

HOW MUCH DO YOU FEEL YOU CAN AFFORD TO PAY FOR OUR MENTORSHIP PROGRAM? (\$20 PER SESSION) 75% 50% 33%

HAVE YOU EVER APPLIED FOR FINANCIAL ASSISTANCE WITH HOPE FOR HOOVES RESCUE? YES NO IF YES, WHEN? _____

HOPE FOR HOOVES RESCUE STRIVES TO MAKE OUR RESONATING WITH THE RESCUES MENTORSHIP PROGRAM AVAILABLE TO ALL WHO WILL BENEFIT FROM IT REGARDLESS OF THEIR ABILITY TO PAY. BY PROVIDING ALL OF THIS INFORMATION, YOU WILL HELP UP MEET THIS GOAL. THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSE.

PLEASE ITEMIZE YOUR GROSS ANNUAL HOUSEHOLD INCOME:

SALARY	
UNEMPLOYMENT COMPENSATION	
SOCIAL SECURITY COMPENSATION	
CHILD SUPPORT	
AID FOR DEPENDENT CHILDREN	
FOOD STAMPS	
401 (K) RETIREMENT	
ALIMONY	
OTHER	
TOTAL HOUSEHOLD INCOME	

I CERTIFY THAT MY ANNUAL HOUSEHOLD INCOME AND NUMBER OF DEPENDENTS (IF ANY) ARE \$_____ AND _____, RESPECTIVELY.

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I WILL NOTIFY HOPE FOR HOOVES RESCUE IF MY FINANCIAL STATUS CHANGES.

SIGNATURE OF APPLICANT _____

DATE _____

FOR OFFICE USE ONLY

DATE RECEIVED _____

DATE PROCESSED _____

PROGRAM _____

AMOUNT AWARDED \$ _____

APPROVED BY _____