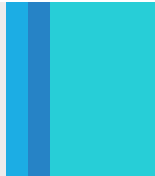




Walk on Water Ministries

3330 Perkinson Lane
Merritt Island, FL 32953
(321) 412-8057
Praisedancer.bryan426@gmail.com



LIABILITY RELEASE

In consideration of being allowed to participate in horseback riding with Walk on Water Ministries (referred to as WOW) I, for myself and any minor children for whom I am parent, legal guardian, or otherwise responsible and for my/our heirs, personal representatives or assigns, hereby acknowledge the risks of injury or damage (to property, personal injury and/or death) involved in horseback riding.

I understand that there is a risk in riding live animals and acknowledge that my/our participation in this activity is purely voluntary. I assume full responsibility for myself and any minor children for whom I am parent, guardian or otherwise responsible, for any bodily injury, accident, illness, paralysis, death, loss of personal property and expenses thereof as a result of any accident which may occur while I/we participate in the horseback ride and WOW. I/we further agree to abide all safety instructions, and to wear any safety equipment provided or brought on the horseback ride while I/we are participating in the activity.

I, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, hereby release, acquit and forgive WOW principals, directors, officers, agents, and volunteers and its owner, Patricia Bryan from any and all liability of any nature for any and all injury or damage (including property damage, personal injury, illness, blindness, paralysis, and/or death) to me or said minor children as the result or my/our participation in horseback riding at WOW.

I, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, and for my/our heirs, personal representatives or assigns, also hereby expressly waive any claim, lawsuit, complaint, charge, or cause of action against WOW, its principals, directors, agents, employees and its owner, Patricia Bryan, and for any and all injury or damage, to me or any such minor children and other persons as a result of my/our participation in horseback riding at WOW.

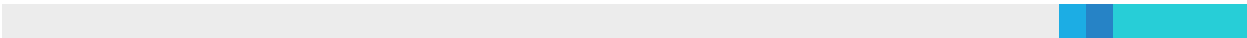
I, for my/our heirs, personal representatives and assigns also hereby expressly agree to indemnify and hold Harmless WOW principals, directors, employees, and its owner, Patricia Bryan, including costs, expenses and counsel fees, from and against all claims, lawsuits, complaints, charges or causes of action arising from the participation in horseback riding at WOW and the activities for which this Release and Waiver Agreement is given.

Name (Print): _____ Age: _____

Signature of Parent: _____ Date: _____

Address: _____

Cell Phone: _____ Email: _____





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AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT

Name (Print): _____ Date of Birth: _____
 Address: _____ Phone: _____
 City/State/Zip: _____ Drug Allergies: _____
 Physician: _____ Preferred Facility: _____
 Other Allergies: _____ Health Insurance Co.: _____
 Diagnosis: _____ IEP: _____

Emergency Contact:

Name (Print): _____ Relationship: _____
 Phone: _____ Work Phone: _____

If emergency medical aid/treatment is required due to illness or injury while at the facilities used by WALK ON WATER MINISTRIES Inc., at an event sponsored by WALK ON WATER MINISTRIES Inc., or at an event in which WALK ON WATER MINISTRIES Inc. is a participant. **I authorize WALK ON WATER MINISTRIES, Inc. to secure and retain medical treatment and transportation if needed.**

This authorization includes x-ray, surgery, hospitalization, medication, and treatment deemed “life saving” by the physician if the person listed as Emergency Contact cannot be reached.

PHOTO RELEASE FORM

I grant WALK ON WATER MINISTRIES Inc. the right to take photographs of me and/or my family when on WALK ON WATER MINISTRIES Inc. property or any WALK ON WATER MINISTRIES Inc. sponsored events. I authorize WALK ON WATER MINISTRIES Inc., its assigns, and transferees to copyright, use, and publish these photographs or videos in print and/or other digital media. I agree that WALK ON WATER MINISTRIES Inc. may use these photographs of me with or without my name for any lawful purpose, including, but not limited to such purposes as publicity, illustration, advertising, and webcontent.

I have read and understood both the authorization of emergency medical treatment information, as well as the photo release form information.

CONSENT Signature: _____ Date: _____

(Signature of parent or guardian, if under 18)



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Monthly Tuition

Your support is a blessing to our program and helps us to feed and care for our horses, pay for our property and improvements, and help children in our community who are at risk have a place where they can be encouraged. Tuition is due at the **FIRST LESSON OF THE MONTH** for the **ENTIRE MONTH**. Please make checks out to Walk on Water and remember that your tuition is tax deductible, so please keep track of what you contribute for your taxes next year.

Makeup Lessons

If you plan to miss a lesson, please let us know **24 HOURS** in advance so that we can fill your spot. Call us to cancel a lesson or arrange a makeup lesson. Make ups can be scheduled in advance and must be scheduled within the month they are missed. We will fill cancelled spots with makeup lessons. If none are available, we will make other arrangements with you within that month. Thank you for helping us grow to serve the Lord and our community. Together we can make a difference!

I have read and understood the above information regarding tuition and makeup lesson policies.

Signature: _____ Date: _____

Print name: _____

**“We can do all things through Christ who
strengthens us.”**

-Phillipians 4:13



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VOLUNTEER REGISTRATION

| | | | | | |
|--|-----------|--|-------------|-----------------|--|
| Name: | | | | Date: | |
| Is this your legal name? <input type="radio"/> Yes <input type="radio"/> No | Employer: | Is this for a Service Learning Program or the Pay Program? (Please specify) | Birth date: | Age: | Gender: <input type="radio"/> M <input type="radio"/> F |
| Address: | | | | | |
| Email Address: | | Home phone no.: | | Cell phone no.: | |
| *Minimum Age is 13 years old | | | | Work Phone no.: | |

| | | | | | | | |
|---|--------|---------|-----------|----------|--------|----------|--------|
| Please select which days you are available: | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|--------|---------|-----------|----------|--------|----------|--------|

Please Select Areas of Interest:

| | | |
|---|--|---|
| <input type="radio"/> Leading a horse* | <input type="radio"/> Fundraising events | <input type="radio"/> Administrative tasks |
| <input type="radio"/> Side walking with student* | <input type="radio"/> Horse shows | <input type="radio"/> Newsletter |
| <input type="radio"/> Barn/horse Chores | <input type="radio"/> Camps | <input type="radio"/> Volunteer Coordinator |
| <input type="radio"/> Exercising Horses* | | <input type="radio"/> Volunteer Trainer |
| *Experienced riders only, ability will be tested | | <input type="radio"/> Riding Instructor* |

Special Skills and Contacts:

| |
|---|
| Please not any physical or health limitations, special skills or hobbies and experience: |
| |

BACKGROUND INFORMATION

*Do to the nature of this program, we reserve the right to conduct background checks on all volunteers. All information is confidential.

| | |
|--|--|
| Have you ever been arrested for a crime? | Have you ever been convicted of a crime? |
| <input type="radio"/> Yes | <input type="radio"/> Yes |
| <input type="radio"/> No | <input type="radio"/> No |

Current Driver's License Number: _____ State: _____

*Your signature is our authorization to complete this background check

Signature

Date