



8005 South Racetrack Road
Tampa, FL 33635
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www.horsepowerforkids.com

HorsePower for Kids, Inc. Financial Support Application

HorsePower for Kids, Inc is a 501(c)(3) non-profit organization that provides a farm and petting zoo for people who would benefit from interaction with animals and horses.

Thank you for your interest in HorsePower for Kids, Inc.
All information provided on the application will be kept confidential. One application & essay required per child. Selections are made by our committee and are based on need only.

Applicant First & Last Name: _____

Age: _____ Date of Birth: _____ Male or Female (circle)

Hobbies: _____

Parent/Guardian 1: _____

Parent/Guardian 2: _____

Applicant lives with: BOTH parents OR parent 1 OR parent 2 (circle)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #1: _____ Phone # 2: _____

Current School Attending: _____ Grade: _____

Extra Curricular Activities: _____

Yearly Household Income:
(Circle 1)

Under \$20K \$20-30K \$30-40K Over \$40K

What extraordinary catastrophic monthly household expenses do you have? For example: medical bills: \$_____

What is the number of people living in the same family household? _____

- Provide copy of proof of monthly household income. Previous tax return or pay-slip accepted.
- Provide copy of drivers license

What program is your child primarily interested in? Circle

Trail Horseback Riding

Horseback Riding Lessons

Camp Spring/Summer/Winter

Volunteering w/parent or guardian

Rules and Restrictions:

- HorsePower for Kids, Inc. scholarships are rewarded to those that meet the criteria for a family in financial need.
- Scholarships awarded require parents or guardians to volunteer 8 hours.
- All volunteer requirements must be met to comply (applications available upon request or on line)
- Reservations are required for every program
- Minimum Riding fee is \$10
- Minimum Camp fee is \$100

Yes, I can volunteer (check what applies):

Clean & Feed small animals _____ Horse Care _____

Barn maintenance _____ Assistance Birthday Parties _____

Fundraiser Events _____ Group Field Trips _____

Briefly Explain why you are requesting financial support for your child:

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

* HorsePower for Kids, Inc. helps supports with the cost of camp based on sponsors, donations, and fundraiser events and availability in the annual budget. HorsePower for Kids, Inc. offers scholarships during Spring, Summer, and Winter school breaks.

* All interested applicants must submit a maximum of 1 page essay on the following topic: *Why would you like to take part in our camp or horseback riding program at HorsePower for Kids, Inc. and how do you think you would benefit from the experience?*

* Return the essay with completed application. All required documentation must be attached in the application for review and consideration.

* HorsePower for Kids, Inc. offers free or reduced horseback riding lessons and/or horse camp for those who qualify.

* Your fee would be determined based on your income. Sliding fee would be used to determine what you pay for the program.

Completed applications must be returned via email or dropped of at the front booth office at the farm (see email and address on front page). All applications turned in must be provided in a sealed envelope for privacy and confidentiality. If child lives with both parents/guardians documentation for each is required. Applicant and parents and or siblings attending the farm with applicant MUST fill out a release form.

Check list:

_____ Completed Application

_____ Proof of Income

_____ Copy of drivers license

_____ Essay of applicant

_____ Release form (filled out PER family member attending the farm)

HorsePower for Kids, Inc., a 501(c)(3) non-profit organization - 8005 South Racetrack Road, Tampa, F33635
Acknowledgement of Warning and Assumption of Risk and Complete Release

Today's Date: _____
Participant Name: _____

(Please print: If participant is under 18, include name of parent or guardian at bottom of form.)

Date of Birth: _____
Street Address: _____ City, State Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: (please print) _____

Warning: Under Florida Law (FLORIDA STATUTES, TITLE XLV TORTS, CHAPTER 773. EQUINE ACTIVITIES), an Equine Activity Sponsor or Professional is not liable for any injury to or the death of a participant to Equine activities, resulting in the inherent Risk of Equine Activities

In consideration of permission to use today, and on all future days, the property, Equines (horses, ponies, mules or donkeys), facilities and service of HorsePower for Kids, Inc., a non-profit organization, I, the undersigned participant, hereby expressly agree:

That I am fully aware of the inherent risk of Equine Activities, including but not limited to the propensity of Equines to behave in ways that may result in injury, harm or death to persons on or around them; the unpredictability of all Equine reaction to such things as sounds, sudden movement, and unfamiliar objects, persons or other animals, certain hazards such as surface and sub-surface conditions, collisions with other Equines or objects and the potential of a participant to act in negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.

I HEREBY ASSUME ANY AND ALL RISKS INVOLVED IN OR ARISING FROM MY PARTICIPATION IN EQUINE ACTIVITIES OR MY USE OF OR PRESENCE UPON THE PROPERTY OR FACILITIES OF HORSEPOWER FOR KIDS, INC., A NON-PROFIT ORGANIZATION. (INITIALS) _____

To release HORSEPOWER FOR KIDS, A NON-PROFIT ORGANIZATION, and all of its successors, assigns, affiliates, officers, directors, employees and agents from and agree not to sue any or all of them on account of or in connection with any claims, causes of action, injuries, damages costs or expenses arising out of my participation in Equine activities or my presence upon or the use of the property, facilities, or service of HORSEPOWER FOR KIDS, INC., A NON-PROFIT ORGANIZATION, whether or not caused by the negligence or other fault of HORSEPOWER FOR KIDS, INC., A NON-PROFIT ORGANIZATION or any property or equipment supplied by HORSEPOWER FOR KIDS, INC., A NON-PROFIT ORGANIZATION. (INITIALS) _____

That this release shall be binding upon my heirs, assigns, legal representatives, or personal representatives (INITIALS) _____

To waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance, and/or affects is to provide that a general release, shall not extend to claims, material or otherwise which the person giving the Release does not know or suspect to exist at the time of the execution of the Release. (INITIALS) _____

That, if I ignore this agreement and initiate claim or suit against HORSEPOWER FOR KIDS, INC., A NON-PROFIT ORGANIZATION, I will be responsible for all attorneys' fees and costs incurred by HORSEPOWER FOR KIDS, INC., A NON-PROFIT ORGANIZATION. (INITIALS) _____

That, if the participant under this release is a minor child, I as parent or guardian of that minor child undertake the obligation of this release on behalf of the minor child in giving my permission and consent for the minor child to participate in Equine activities and, therefore, do agree to the fullest extent allowable by law on behalf of a minor child upon HORSEPOWER FOR KIDS, INC., A NON-PROFIT ORGANIZATION, all benefits of this assumption of risk and complete release and do further agree to indemnify and hold harmless against any claim, demand or suit including all attorney's fees and costs incurred by HORSEPOWER FOR KIDS, INC., A

NON-PROFIT ORGANIZATION, whether or not the basis for any claim, demand or suit is caused in whole or in part by the actual or alleged negligence or other fault of HORSEPOWER FOR KIDS, INC., A NON-PROFIT ORGANIZATION, its Equines, facilities or service.

(INITIALS) _____

I have read and fully understand this Agreement. I understand that making and signing this Agreement I surrender valuable rights including, but not limited to my right to sue.

Riding ability of participant: Beginner: (INITIALS) _____ Intermediate: (INITIALS) _____ Experienced: (INITIALS) _____

Is participant a minor? (Circle One) Yes No

If participant is a minor child, name of parent or guardian. (Please print)

Relationship: (Circle) (Parent) (Guardian)

Health Insurance policy number and/or company name:

UNDER FLORIDA LAW, IF YOU ARE UNDER THE AGE OF 16, YOU MUST WEAR A HELMET
A riding helmet is recommended safety gear for all participants

I will wear a helmet (Initial) _____ I will not wear a helmet (Initial) _____

X

Participant Signature or Parent/Guardian signature, if participant is a minor

