



HorsePower for Kids Inc.

501©(3) non-profit
8005 Race Track Rd.
Tampa, Florida 33635
(813) 855-8992

www.horsepowerforkids.com
info@horsepowerforkids.com

Financial Support Application

Thank you for your interest in HorsePower for Kids, Inc.
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. 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 financial 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 / Parent 1 / Parent 2 (circle)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #1: _____ Phone # 2: _____

Current School Attending: _____ Grade: _____

Extra Curricular Activities: _____

Yearly Household Income (circle one):

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

Has there been a recent financial hardship (i.e. medical bills)?

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

- Please provide copy of proof of monthly household income, previous income tax return or recent paycheck stub accepted.
- Please provide copy of drivers license

What program is your child primarily interested in? (circle one)

* Horse Camp * Admission to farm * Ranch Party * Horseback riding *
Other (please list) _____

Rules and Restrictions:

HorsePower for Kids, Inc. scholarships are rewarded to those that meet the criteria for a family in financial need. Qualification can be either free or reduced depending on financial need.

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

Please have your child submit a one 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?

Applications will not be processed unless all items listed below have been provided.

Check list: (1 application per child)

- _____ Completed Application
- _____ Proof of Income (first 3 pages of tax return)
- _____ Copy of driver license
- _____ Essay of applicant
- _____ Release form

Please drop off completed application at the HPFK front office during business hours or mail it to *8005 Race Track Road, Tampa, FL 33635 (Attn. Front Office)*. All applications turned in must be provided in a sealed envelope for privacy and confidentiality. If your 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.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

**HORSEPOWER FOR KIDS
PERPETUAL WAIVER AND RELEASE
(VALID FOR EACH AND EVERY DATE OF PARTICIPATION)**

We want you to have a great experience with us. However, for your protection and ours, you must read and agree to the provisions below before you are authorized to use our facilities and/or services. The different activities that are offered entail certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. If you are unable or unwilling to sign this Waiver and Release, you are welcome to enjoy yourself by watching others, but we cannot allow you to personally participate in any of our activities or actively use our facilities and/or services.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF HORSEPOWER FOR KIDS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM HORSEPOWER FOR KIDS. IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND HORSEPOWER FOR KIDS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

_____ (PRINT YOUR NAME) has read this Waiver and Release and agrees as follows:

1. I recognize and agree that: all risks can never be eliminated, and participating in the activities at HORSEPOWER FOR KIDS, involves inherent danger and potential risk of both minor and serious, temporary and permanent, bodily injury of any and all kinds, both caused by me and/or by others. In signing this release, I assume all risk for, and financial cost of, any and all injuries, and/or any damage, to my child/children.

2. On behalf of my minor child/children I fully, and forever waive, release and discharge HORSEPOWER FOR KIDS and its individual members, managers, directors, officers, agents, employees, volunteers, representatives, affiliated entities, and all other persons, firms, corporations, associations or partnerships claiming by or through them, from any and all claims, actions, causes of action, demands, judgments, damages (including compensatory, general, special, consequential, and exemplary), liability or obligations of any nature or kind, whether known at the time or which may arise or become known later, which accrue on account of, or in any way arise out of or in connection with me or my child's activities with or at HORSEPOWER FOR KIDS, including claims involving their own negligence.

3. I agree to indemnify and hold harmless HORSEPOWER FOR KIDS and its individual managers, directors, officers, agents, employees, volunteers, representatives, affiliated entities, and all other persons, corporations, or partnerships claiming by or through them, from and against any and all losses, liabilities, claims, obligations, costs, damages, and/or judgments directly or indirectly arising out of, or relating to, my child's/children's participation in any activities at HORSEPOWER FOR KIDS, including for claims alleging HORSEPOWER FOR KIDS' own negligence.

4. I understand that this agreement extends forever into the future and will have full force and legal effect each and every time my child/children visit HORSEPOWER FOR KIDS whether at the current location or any other location or facility.

I have read the HORSEPOWER FOR KIDS *Waiver and Release from any Claim of Responsibility or Damage* and agree to all conditions.

Parent Name/Legal Guardian (Print): _____

Address _____

City _____ State _____ Zip _____

Phone Number: _____ Date of Birth _____

Signature _____ Today's date _____ (MM/DD/YY)

NAMES AND BIRTHDATES OF ALL CHILDREN UNDER 18 to be included with your signature

MINOR NAME #1 _____ BIRTHDATE _____ RELATION _____
First name, Last name mm/dd/yy

MINOR NAME #2 _____ BIRTHDATE _____ RELATION _____
First name, Last name mm/dd/yy

MINOR NAME #3 _____ BIRTHDATE _____ RELATION _____
First name, Last name mm/dd/yy

MINOR NAME #4 _____ BIRTHDATE _____ RELATION _____
First name, Last name mm/dd/yy