## **BACKGROUND CHECK AUTHORIZATION & CONSENT**

I hereby, authorize **Hoofprints in the Sand, Inc. (H.I.T.S.)** to conduct a background investigation to determine my eligibility to participate, volunteer, or receive services.

This may include verification of identity, criminal history, employment and education records, licenses, and sex-offender registry status.

I understand that this authorization is voluntary but required for program eligibility; that information will be kept confidential; and that reports may be obtained under the Fair Credit Reporting Act (15 U.S.C. §1681) and through the South Carolina Law Enforcement Division (SLED) pursuant to state law and S.C. Code § 17-22-960 (excluding expunged records).

This authorization remains valid for one year unless revoked in writing.

## FIREARMS AND WEAPONS POLICY ACKNOWLEDGMENT

For the safety of all clients, staff, volunteers, and animals, **Hoofprints in the Sand, Inc.** (H.I.T.S.) maintains a strict No Weapons Policy.

I acknowledge and understand that:

- 1. **Firearms, ammunition, and other weapons** are **strictly prohibited** anywhere on the premises of **Saltaire Farm**, including parking areas, barns, pastures, therapy rooms, administrative offices, **or during any scheduled outdoor activities**.
- 2. This policy applies to all persons, regardless of possession of a Concealed Weapons Permit (CWP), unless prior written authorization has been granted by the Program Security Director or authorized staff for specific, approved security or safety purposes.
- 3. Pursuant to <u>South Carolina Code § 23-31-215(M)</u>, H.I.T.S. may prohibit firearms on private property and within facilities providing medical or mental-health services by posting conspicuous signage at entrances.
- 4. Violation of this policy or carrying a firearm without explicit written approval may result in **immediate removal**, termination of services, and law-enforcement notification under **S.C. Code § 16-23-420(A)**.

I have read, understand, and agree to abide by the H.I.T.S. Firearms and Weapons Policy.

#### PARTICIPANT CONSENT & PHOTO RELEASE

I hereby consent to and authorize Saltaire Farm/Hoofprints to use photos or videos with or without audio related to therapeutic activities for marketing, visual and/or written promotional material and to use and/or reproduce any and all photographs/video and any other audiovisual materials for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program..

# EQUINE ACTIVITY PARTICIPATION & RISK ACKNOWLEDGMENT

I understand and accept the inherent risks of equine activities and agree to hold harmless H.I.T.S., Saltaire Farm, and their agents from any liability arising from ordinary negligence.

**WARNING:** Under South Carolina law, an equine activity sponsor or professional is not liable for an injury to or the death of a participant resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9, Title 47 of the Code of Laws of South Carolina (1976).

https://www.scstatehouse.gov/code/t47c009.php

# LEGAL ACKNOWLEDGMENT & JURISDICTION NOTICE

I hereby agree to the exclusive choice of law and venue of the State of South Carolina and Charleston County for any dispute arising from participation with H.I.T.S.

If any portion of this agreement is found invalid, the remainder shall remain in full force and effect.

**WARNING:** Under South Carolina law, an equine activity sponsor or professional is not liable for an injury to or the death of a participant resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9, Title 47 of the Code of Laws of South Carolina (1976).