

Volunteer/Staff Information Form and Health History

General Information:

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Phone: (H) _____ (W) _____ Email _____

Employer/School: _____

Address: _____

Parent/Legal Guardian/Caregiver Name/Address/Phone Number: _____

How did you learn about the program? _____

Health History:

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes.

Allergies: _____

Medications: _____

Check areas in which you are interested:

- | <u>Program</u> | <u>Special Events</u> | <u>Administration</u> | |
|---|--------------------------------------|--|--|
| <input type="checkbox"/> Horse Handling and care | <input type="checkbox"/> Horse Show | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Photography/Video |
| <input type="checkbox"/> Sidewalking With a Student | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Budget & Finance |
| <input type="checkbox"/> Facility Repairs | | <input type="checkbox"/> Newsletter | |
| | | <input type="checkbox"/> Volunteer Recruitment | |

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____

Volunteer/Staff Information Form and Health History

Name: _____

Photo Release:

- I DO
 DO NOT

consent to and authorize the use and reproduction by Partners Therapeutic Horsemanship of all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Background Information:

Have you ever been charged with or convicted of a crime? Y N Please explain: _____

I, _____ (volunteer/staff), authorize Partners Therapeutic Horsemanship to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals. I understand that such access is for consideration of my application as an employee/volunteer, and I expressly DO NOT authorize Partners Therapeutic Horsemanship, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signature: _____ Date: _____
(volunteer/staff)

Emergency Contact: Name: _____ Phone: _____

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Partners Therapeutic Horsemanship, Inc

AGREEMENT FORM FOR FULL ASSUMPTION OF RISK AND RELEASE OF ALL LIABILITY

Volunteer/Student Name _____ Age _____

Phone numbers Home _____

Cell _____ Work _____

Email _____

Address: _____

City & Zip _____

I, the undersigned, am of legal adult age and of sound mind do for myself, or on behalf of my child or legal ward, or other minor listed below, for whom I hereby attest to accepting full responsibility for (hereinafter all inclusively "the rider"), hereby voluntarily request to participate in the horseback riding activities directed by Partners Therapeutic Horsemanship.

I, and/or the rider will ride and work with either a horse provided by Partners, my own horse, or a horse provided by a third party. I understand that I and/or the rider is responsible for all bodily injury and or property damage which I, and or the rider, and or the rider's horse should cause or receive either on the premises of Richard Smith, Mountain View Ranch or any other property, including any trails, while accompanying other horses or riding alone or receiving instruction. Furthermore, I accept all responsibility and liability for any incident involving the rider and or the rider's horse with any other rider, horse, individual or property.

I understand that horseback riding is a dangerous activity and that there are dangers from even being near a horse and that any horse, even the gentlest, can be provoked or frightened and as a result act or react in a dangerous or unpredictable manner. We agree not to touch, pet or feed any horses or enter the horse's pens without the horse owners' permission or to provoke or otherwise influence our horse or the horse of another rider at any time as this can be very dangerous.

I understand that horses are animals and as such are unpredictable by nature; that when frightened, angry, under stress, or for no reason at all, a horse's natural instincts are to move, shake, bolt, jump forward or sideways, to run away from danger, to kick, to buck, to rear up in front, or to bite. Any horse may bite or kick me or another rider or horse. I understand that horses are extremely heavy and powerful and that if I fall to the ground the fall distance will be generally from 4 to 6 feet or if a horse lays down on me that the weight may be between 500 to 2,000 pounds. I understand that any or all the horse activities directed by Partners Therapeutic Horsemanship, Inc., or their representatives, may cause myself and or the rider serious permanent injury or death and I, and or the rider, agree to participate in this activity willingly and voluntarily.

I hereby agree not to bring any suit against Partners Therapeutic Horsemanship, Inc., or their representatives, their successors, assigns, agents, affiliates, owners, employees, officers, members or Board of Directors, advertisers, sponsors or supporters and volunteers for any reason at any time now or in the future for any injury, damage, or incident which may occur as a result of my participation in any activity offered and provided by or affiliated with Partners Therapeutic Horsemanship, Inc., or their representative. I and the rider hereby for ourselves, heirs, administrators, assigns and representatives completely release, indemnify, hold harmless and discharge the owners, operator, sponsors, agents, associates and employees of Partners Therapeutic Horsemanship, Inc., or their representatives, and their respective agents, representatives, associates and all other participants of and from Partners Therapeutic Horsemanship, Inc. equestrian activities. I furthermore agree to reimburse Partners Therapeutic Horsemanship, Inc. upon demand for any and all expenses incurred as a result of any action, legal or otherwise, that I, my heirs, administrators, assigns, representatives or agents or those of the rider may initiate against Partners Therapeutic Horsemanship, Inc., and/or their agents, representatives, associates or other participants now or in the future.

I understand Richard Smith and Mountain View Ranch are a completely separate entity from Partners Therapeutic Horsemanship, Inc., and hereby agree not to bring any suit against and Richard Smith and Mountain View Ranch, his clients or client's horses, his successors, assigns, agents, affiliates, employees, officers, members or Board of Directors, advertisers, sponsors or supporters and volunteers for any reason at any time now or in the future for any injury, damage, or incident which may occur as a result of my participation in any activity offered and provided by or affiliated with Partners Therapeutic Horsemanship, Inc. I and the rider hereby for ourselves, heirs, administrators, assigns and representatives.

Print Responsible Adult's (Volunteer or Parent, Guardian Care Giver) Names (s):

Responsible Adult's Signature:

_____ Date _____