

Freedom Reins Therapeutic Riding Center, Inc.
Volunteer/Staff Information Form and Health History

General Information

Name: _____ Date: _____

Address: _____

City, State, Zip _____ Email: _____

Employer/School: _____

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

Parent/Legal Guardian Name & Address (if applicable): _____

Emergency Contacts: _____ Phone: _____

Physician _____ Phone: _____

In case of an emergency: I consent _____ or I do not consent _____ for Freedom Reins Therapeutic Riding Center, Inc. to secure medical treatment from 911 including x-rays, surgery, hospitalization and medication as recommend by the attending emergency medical personnel.

Signature: _____ Date: _____

Health History

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

Allergies: _____

Medications: _____

Recent Medical Test: Last Tetanus Shot: _____ Tuberculosis Test: + -- Date: _____

(Consult your physician or local health department if you are not up to date with these shots/tests)

Please answer each box if answering yes to the question.

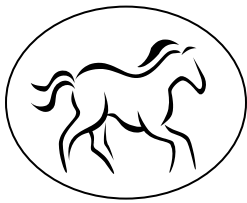
Are you First Aid certified? _____ CPR? _____ RN? _____ OT? _____ PT? _____ Other? _____

Can you walk for 30 minutes? _____ Jog for a short distance? _____

Any physical limitation? _____

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: _____



Freedom Reins Therapeutic Riding Center, Inc.

Volunteer/Staff Information Form and Health History

Name: _____ Date of Birth: _____

Photo release:

I Do Do Not consent to and authorize the use and reproduction by Freedom Reins Therapeutic Riding Center, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and 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; If yes please explain. _____

I, _____ (volunteer/staff), authorize Freedom Reins Therapeutic Riding Center, Inc. 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 and federal criminal laws, including but not limited to convictions for crimes committed upon children.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize Freedom Reins Therapeutic Riding Center, Inc., its directors, officers, or other volunteer to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER: _____ State _____

Confidentiality Agreement:

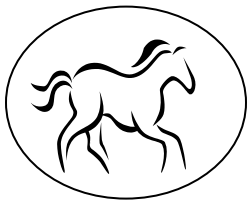
Freedom Reins staff and volunteers will protect the rights and confidentiality of all riders. Medical and personal information riders will be shared volunteers only for the purpose of providing safe and effective services. No information regarding a rider is to be shared with others outside of the therapeutic environment at Freedom Reins. Discovery of such disclosure may result in the termination of said volunteer. As a Freedom Reins volunteer, I hereby agree to abide by the above stated confidentiality policy.

Signature: _____ Date: _____
 (Volunteer/Staff)

If you have any experience with horses or people with special needs, please describe:

Check which areas you are interested in:

- | | | | |
|--|---|--|--|
| <u>Program</u> | <u>Special Events:</u> | <u>Administration:</u> | <input type="checkbox"/> Photography/Video |
| <input type="checkbox"/> Horse Handling | <input type="checkbox"/> Horse Show | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Budget & Finance |
| <input type="checkbox"/> Side walking with a rider | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Future planning |
| <input type="checkbox"/> Stable Management | <input type="checkbox"/> Special Olympics | <input type="checkbox"/> Newsletter | |
| <input type="checkbox"/> Facility Repairs | <input type="checkbox"/> Trail Rides | <input type="checkbox"/> Volunteer Recruitment | |



Freedom Reins Therapeutic Riding Center, Inc.

Volunteer/Staff Information Form and Health History

My signature below denotes that I agree to all the following as a condition for myself/child/family as it pertains to Freedom Reins Therapeutic Riding Center, Inc. (hereafter referred to as the "Center") as a condition for participation in activities t/on/near the Center's premises and property associated with any Center activity including but not limited to equine assisted activities trail riding, arena instruction, barn & pasture activities, demonstrations and public events. Under Indiana law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities. As the legal representative of the participant (myself/child/family) I acknowledge the risks and potential for risks of equine related activities. I understand not all risks can be foreseen nor prevented. I understand these risks and assume responsibility for them. I hereby, intending to be legally bound for myself/child/family, heirs and assigns executors or administrators, waive and release forever all claims for damaged (present or future) against Freedom Reins Therapeutic Riding Center, Inc., its Board of Directors, Executive Director, Instructors, Staff, Therapists, Volunteers and/or other authorized persons for any and all injuries/losses sustained while participating or visiting at Freedom Reins Therapeutic Riding Center, Inc. As consideration for the Center to allow myself/child/family members to engage in the Center related activities, I agree to assume full responsibilities for any and all bodily injuries, losses, or damages, which I or they might sustain. It is mutually understood and agreed that the waiver and liability release set forth in this document constitutes a waiver of liability beyond the provisions of the Indiana Equine Activity Liability Act. I further agree to indemnify and hold harmless the Center or persons/entities associated with the Center and to not bring any claim or suit against them on the basis of any exception to the Indiana Equine Act. Should I breach any part of this waiver/liability release, I agree to pay all the Center's attorney's fees or other legal costs that may occur. I attest that I am at least 18 years of age, of sound mind, not suffering from shock or under the influence of alcohol, drugs, or intoxicants. I have read this ENTIRE waiver and application and fully understand it. I intend for this waiver, agreement and liability release to be valid and binding today and at ALL FUTURE TIMES. I attest that all the information I have provided in this application/medical history is true and accurate. My signature denotes agreement with ALL the information on all three (3) pages of this Volunteer Information/History Form.

Signature: _____ Date: _____

Print Name: _____

Parent/Legal Guardian Signature required if under 18 years of age (Both Parent's Signature is required)

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Your signature denotes agreement to abide by all the above policies and information.

Received by Center Staff: _____ Date: _____