

EQUESTRIAN ZONE

Riding For A Reason

Volunteer / Staff Information Form and Health History

General Information:

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Phone (cell) _____ (H) _____

Employer / School _____

Address / Phone _____

Parent/Legal Guardian/Caregiver Name/ Address/Phone number _____

How did you learn about the program: _____

Recent medical concerns: _____ Last Tetanus Shot date: _____

(Contact your physician or local health department if you are not up to date)

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: _____

In case of an emergency, the following person(s) is authorized to act on my behalf:

Emergency contact: _____ Relationship: _____ Telephone: _____

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I understand should there be an Emergency and my Emergency contacts cannot be notified Equestrian Zone will call 911 at my own expense.

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 programs.

Signature _____ Date: _____

(Volunteer/Staff/Caregiver; signed in presence of center staff)

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Volunteer /Staff information Form and Health History (Page 2)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Check the Areas in which you are interested:

Program:

- ☐ Horse handling / leading
- ☐ Sidewalking
- ☐ Stable Management
- ☐ Facility Repairs

Special Events:

- ☐ Fundraising
- ☐ Public Events

Administration:

- ☐ Public Relations
- ☐ Newsletter
- ☐ Volunteer Recruitment
- ☐ Other: _____

Background Information:

Have you ever been convicted of a crime: Y N Please Explain _____

I understand I may be required to complete a Criminal Background Check and an Arkansas Child Maltreatment Background Check at the request of this facility.

Confidentiality Agreement:

I understand that all information (written and verbal) about participants at this Facility, Equestrian Zone, is confidential and will not be shared with anyone without the expressed written consent of the participants and his/her parent/guardian – in the case of a minor: I will not post on social media any photos taken at this facility without express permission from management and or written permission from participant or parent/Guardian.

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/Caregiver; Signed in the presence of center staff)

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VOLUNTEER / STAFF RELEASE OF LIABILITY

I understand that the activity of riding or working with horses involves numerous risks of injury including loss of control, collisions or obstacles. I understand that an animal, irrespective of its training, and usual past behaviors and characteristics, may act or react unpredictably at times, based upon instinct or fright. I acknowledge that these are inherent risks to be assumed by each participant on the activity and that I allow my child to participate at his/her own risk. I agree to fully assume any risks of injury or death in connection with activities caused by or related to participation in activities with Equestrian Zone.

I acknowledge that if I (or my child) have any allergies or known medical conditions that might be affected by participation in horse activities that I am responsible for providing and administering the necessary medications. I understand that although Equestrian Zone strives for and promotes safety in equine activities, I am solely responsible for the health and safety of myself / my child at all times.

I have read all the information supplied by Equestrian Zone and any questions I have about the activities on this or any other form have been answered. I recognize that accidents do occur and that certain risks and dangers exist in all activities. These risks include, but are not limited to, loss or damage to personal property, injury or fatality due to participation in activities, accident or illness in remote places, and accidents while traveling to and from activity sites.

In my consideration of my / my child's participation in these activities, I personally assume any and all risks in connection with myself / my child attending this event and/or participation in the activities and I, on behalf of myself, my spouse, my heirs, assigns, and legal or personal representatives, hereby release all claims, including negligence, arising out of this event or my activities while on the premises and I hereby indemnify and hold harmless Equestrian Zone, Inc., their successors and assigns, their agents and employees, and their sponsors and affiliates from any liabilities, actions, and claims, including negligence, arising from any accident or injury to mine or my child's person or property.

I acknowledge that I have carefully read this agreement, and that I fully understand its contents, and that I sign this form with full cognizance of its nature and effect. I acknowledge that the terms herein are contractual and not a mere recital. I further acknowledge that I am aware that I am releasing certain legal rights that I otherwise may have and that I am entering into this contract on behalf of myself and/or my family of my own free will.

I understand that all information (written and/or verbal) about participants at this center is confidential and will not be shared with anyone outside the center without the express written consent of the participant and/or their legal guardian in the case of a minor.

By signing this release, I acknowledge that I have carefully read the foregoing and that I fully understand its contents.

THIS IS A RELEASE OF LIABILITY; DO NOT SIGN THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH THE TERMS.

Signature of Volunteer (if 18 years of age or older) or Parent/Guardian

Date

Volunteer's Printed Name _____

BARN RULES FOR VOLUNTEERS/STAFF

Welcome to Equestrian Zone. To help assure your enjoyment and safety, we ask that you observe the following guidelines at all times:

1. **Please drive slowly when entering the property** – even on weekends -as to respect the homeowners.
2. **Please turn off cell phones while working with horses-** distractions can create accidents.
3. Secure all personal items in your locked vehicle.
4. Please do not go into barns or pastures unless specifically directed to by instructor.
5. Please do not bring any personal pet(s) to the stables.
6. Please respect this property. Place trash in designated receptacles.
7. No running, yelling, or smoking around the horses-you may scare the horse. This includes while in direct contact with the horse as well as areas near the horse.
8. **Smoking is absolutely prohibited on Equestrian Zone property.**
9. No drinks, gum or candy is allowed while riding; a rider may choke if the horse makes a sudden start.
10. Many horses are not accustomed to strangers and/or children. For your protection, do not pet horses until you are familiar with them.
11. When approaching a horse, speak softly. A startled horse may kick or pull.
12. Never tease or abuse a horse. Bad and dangerous habits may develop.
13. Do not feed the horses treats unless supervised by an instructor/therapist. Fingers can sometimes be mistaken for carrots!
14. Equestrian Zone has animals other than horses. Although Equestrian Zone does not expect any harm, petting any of these animals is at the individual's risk. As with any animal, instinct due to fright or perceived danger may cause the animal to react accordingly.
15. **If you are unsure as to what or how to do something please ASK!!!!**
16. Do not leave horses unattended in the breezeway. Horses should never be tied to stall doors.
17. Clean up behind your horse.
18. Please return your tack/supplies to their designated storage area when you finish using them.
19. Please secure all gates behind you.

I have read the above rules and have been given a chance to ask questions concerning the ones that I do not understand. I agree to adhere to these rules and to explain them to my family, minor children, or any guest(s) that may accompany me to Equestrian Zone.

Signature

Date

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Photo/Media Release

Equestrian Zone occasionally takes photographs and videotapes children during sessions. We use these photos and videos in: decorating our center, posting community involvement activities in the newspaper, the Equestrian Zone website/social media pages, establishing displays at educational conferences, and in recording children's growth and development.

I am aware that Equestrian Zone, its advertising agencies, news media and any other persons interested in its work may periodically film or take photographs.

The above _____ may/_____ may not/
(initial choice)

use pictures, videos or audio recordings of me/my child.

By signing this document I agree for me/my child to be photographed and videotaped for the purposes described above.

Participants Signature: _____
(If 18 or older)

Parent/Guardian Signature: _____
(Of minor child)

Date: _____