



Volunteer Yearly Update

Please Print

Title: Mr. _____ Mrs. _____ Ms. _____ Dr. _____ Rev. _____ Other: _____

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____ Date of Birth: _____

Employer/School: _____

Parent/Guardian _____ Phone _____

(If under 18)

Nothing has changed:

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

(Please complete if information has changed)

Emergency Contact Information *(Please Print)*

Name: _____

Relationship: _____

Phone: Cell _____ Work _____ Home _____

Physician's Name: _____

Physician's City: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Carrier: _____

Policy #: _____

Date of Last Tetanus shot: _____

Please indicate any disability, limitation or medical conditions that may affect your volunteer role and that we should be aware of:



Please complete if information has changed

CONSENT PLAN

I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, any participation on my part at ManeGait, or while being on the property of ManeGait, I authorize ManeGait Therapeutic to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Volunteer Consent Signature _____ Date: _____

Signature of Parent/Guardian _____

(If volunteer is under 18 years of age, **both** signatures are required)

~ ~ OR ~ ~

NON-CONSENT PLAN

I do not give consent for emergency medical treatment/aid in the event of illness during the process of receiving services, any participation on my part at ManeGait, or while being on the property of ManeGait. In the event emergency treatment/aid is required, I wish the following procedures to take place: _____

Volunteer Consent Signature _____ Date: _____

Signature of Parent/Guardian _____

(If volunteer is under 18 years of age, **both** signatures are required)

PHOTO RELEASE

Volunteer Name: _____

(Please Print)

_____ **I consent** to and authorize _____ **I do not** consent to nor do I authorize the use and reproduction by ManeGait of any and all photographs and any other audiovisual materials taken of me or my child or family member for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Volunteer Consent Signature _____ Date: _____

Signature of Parent/Guardian _____

(If volunteer is under 18 years of age, **both** signatures are required)



ADULT LIABILITY RELEASE

(For persons 18 Years and Older ONLY)

I acknowledge the risks and potential for risks of horseback riding and working with horses, including but not limited to: falling or being thrown from a horse; being kicked, stepped on or bitten by a horse; hitting overhead objects; and/or injuries sustained while mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. However, I feel that the possible benefits to be offered at ManeGait are greater than the risks assumed.

I hereby, intending to be legally bound for myself, my heirs, assigns, executors and administrators, waive and release forever all claims for damages against ManeGait Therapeutic Horsemanship, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, "The Released Parties") from any and all claims, demands and causes of action of any and every kind or nature including any and all injuries and/or losses I may sustain while participating in activities at or sponsored by ManeGait or while on ManeGait property, from whatever cause, including but not limited to the negligence of The Released Parties.

I certify that I am 18 years of age or older and am fully competent to enter into this release. I have read this Release in its entirety. I understand the terms of this Release and have signed this Release voluntarily and with full knowledge of the effects thereof.

Volunteer Signature _____ Date: _____

Driver's License#: _____ State: _____

Have you ever been convicted of a criminal offense? Yes ___ No ___

If yes, when _____ Explain: _____

The above information may be verified and I give permission to make inquiry of others, including a background check, concerning my suitability to act as a volunteer at ManeGait.

Volunteer Signature _____ Date: _____



RELEASE FOR A MINOR OR WARD

(For persons Under 18 Years of Age OR for Adults Who Have a Legal Guardian)

That I, _____, the undersigned, a parent/legal guardian of _____, for and in sole consideration of the privilege of permitting said person to participate in activities at or sponsored by ManeGait Therapeutic Horsemanship Center and recognizing that horse riding activities involve certain inherent dangers and risks to persons and property, do hereby agree to assume for myself and on behalf of my ward or child, the risks and dangers attendant to such activity, including but not limited to: falling or being thrown from a horse, being kicked, stepped on or bitten by a horse or other animal, and/or injuries sustained while riding, mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. I am aware of these and other risks associated with horse riding activities, however, I feel that the possible benefits to be offered by ManeGait are greater than the risks assumed.

I hereby, intending to be legally bound for myself and my child/ward, heirs, assigns, executors and administrators, waive and release forever all claims for damages against ManeGait Therapeutic Horsemanship, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, "The Released Parties") including any and all injuries and/or losses I or my child/ward may sustain while participating in activities at ManeGait or while on ManeGait property, from whatever cause, including but not limited to the sole or contributory negligence of all or any of The Released Parties.

I DO HEREBY FURTHER AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DAMAGES, CAUSES OF ACTION, ATTORNEY'S FEES AND EXPENSE OF LITIGATION FOR DEATH OR INJURY TO ANY PERSON OR FOR LOSS OF OR DAMAGE TO ANY PROPERTY ARISING OUT OF OR IN CONNECTION WITH MY CHILD/WARD'S PARTICIPATION IN ACTIVITIES AT OR SPONSORED BY MANEGAIT. **IT IS MY EXPRESS INTENTION THAT THE INDEMNITY PROVIDED FOR IN THIS PARAGRAPH IS AGREED TO BY THE UNDERSIGNED IN ORDER TO FULLY INDEMNIFY AND PROTECT MANEGAIT FROM THE CONSEQUENCES OF THE RELEASED PARTIES' OWN NEGLIGENCE, WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTING CAUSE OF INJURY, DEATH OR DAMAGE.**

I, the undersigned, have read this waiver of liability, release, indemnification and hold harmless agreement and understand its terms. I execute it voluntarily and with full knowledge of its significance.

SIGNED this the _____ day of _____, 20_____

Parent/Legal Guardian