**Volunteer Information**

Name**:** Birth Date**:**

Phone:Email:

Address**:** City:State: Zip:

Name of Parent (if a minor):

Home Phone:Work Phone:

Cell Phone:Email:

Emergency Contact:

Volunteering Commitment: 6 Months\_\_\_\_ Year\_\_\_\_ Year+\_\_\_\_\_

For what reason are you volunteering (altruism, scout hours, school hours, pre OT /PT applicant)?

Day and time availability:

Do you have any physical limitations?If so please specify:

Do you have any experience with horses – describe in detail e.g. “have been trail riding 1-2 times, Own/ed my own horse, 3-day event” ?

Do you have any experience working with people with disabilities?

What are your hobbies and interests? Special Skills (e.g. technology, marketing, web design)?

**Volunteer Confidentiality Statement**

Volunteers are valuable to OT OuTdoors and our hippotherapy program.

This document confirms that I am recognized as a volunteer of OT OuTdoors. OT OuTdoors provide Occupational and Physical Therapy evaluation and treatments services to our clients. We may use hippotherapy as a treatment when appropriate for the client. Your primary role as a volunteer will be assisting with the hippotherapy program. Your role may include leading the horse, sidewalking, performing a variety of barn and horse tasks, and assisting with the cleaning and preparation of therapy equipment and materials. It is our goals as a whole to provide safe treatments in a clean, friendly, and client focused environment.

I understand and agree that in the performance of my duties as a volunteer, I must hold personal and medical information regarding riders/families confidential. Client issues may be discussed with the Therapists directly associated with OT OuTdoors.

As a volunteer of OT OuTdoors I have completed available and appropriate training.

I will endeavor to keep my standards of conduct high in order to uphold the quality

of the OT OuTdoors Hippotherapy Program.

Signature of Volunteer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Name of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies to Food/ Medications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Policy#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any special Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event that emergency medical treatment is required due to an illness or injury while volunteering at OT OuTdoors, I authorize OT OuTdoors to provide me / my child with any emergency care, including but not limited to the following:

1. Call emergency medical help and consent to any necessary treatment that may include transportation, x-ray examination, surgery, medication, or hospitalization.
2. Release volunteer records (this form) upon request of authorized emergency medical personnel if needed.

It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Signature of Volunteer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name and Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone numbers where parents can be reached:

Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an emergency any additional contact numbers:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HORSE USE AGREEMENT AND LIABILITY RELEASE FORM

For INDIVIDUALS

This form must be completed by and for each participant / client

Carrie R. Jacobs dba OT OuTdoors

BUSINESS NAME / STABLE NAME, HEREINAFTER KNOWN AS “THIS STABLE”

LOCATION: 1461 Merritt Drive, El Cajon, CA 92020

PLEASE READ CAREFULLY BEFORE SIGNING

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTVITY. THIS STABLE DOES NOT GUARANTEE YOUR SAFETY.

A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE- In consideration of the payment of a fee and of the signing of this agreement, I, the following listed individual, and the parent or legal guardians thereof if a minor, do hereby agree to hire from THIS STABLE a horse, tack and equipment, personnel and trail for the purpose of horse back riding today and on all future dates.

RIDER NAME AGE (if under 21) Weight Horse Riding Experience (check which applies)

\_\_\_\_\_Beginner (under 10 hours)

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_over 10 hours

Does this rider have physical or mental health problems, which may affect his/her safety and ability to ride a horse? Yes No

If “Yes” describe here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

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B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS – This agreement shall be legally binding upon me the registered rider, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state of THIS STABLE’S physical location. The term “HORSE” herein shall refer to all equine species. The term “HORSEBACK RIDING” herein *shall refer to riding or otherwise handling of horses*, ponies, mules, or donkeys, whether from the ground or mounted. The term “Rider” shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms “I,” “me,” “my” shall herein refer to the above registered rider and the parents or legal guardians thereof if a minor.

[ ]

***initial***

C. ACTIVITY RISK CLASSIFICTION – I UNDERSTAND THAT: Horseback riding is classified as a RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY and that there are numerous obvious and non-obvious inherent risks always present in such an activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe, requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.

[ ]

D. NATURE OF STABLE HORSES – I UNDERSTAND THAT: this stable chooses its horses for their calm dispositions and sound basic training as is required for use and riding horses for novice and beginning riders, and THIS STABLE follows a rigid safety program. Yet, no horse is a completely safe horse. Horses are 5-15 times larger, 20 to 40 times more powerful and 3 to 4 times faster than human. If a rider falls from horse to ground it will generally be at a distance from 3-1/2 to 5-1/2 feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on another much larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse is frightened and provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short: Changing directions or speed at will; Shifting its weight; Bucking, Rearing, Kicking, Biting, or Running from danger.

[ ]

E. RIDER RESPONSIBILITY – I UNDERSTAND THAT: Upon mounting a horse and taking up the reins the rider is in primary control of the horse. The rider’s safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal**. I agree that the rider shall be responsible for his/her own safety.**

[ ]

F. CONDITIONS OF NATURE – I UNDERSTAND THAT: THIS STABLE IS NOT responsible for total or partial acts, occurrences or elements of nature than can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: thunder, lightening, rain, wind, water, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.

[ ]

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G. CARRY ON OBJECTS AND SHARP NOISES – I UNDERSTAND THAT: Riders must not carry loose items on rides which may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring a horse. SOME EXAMPLES ARE: Cameras, hats not securely fastened under chin, toys, purses. Riders must not make sharp, loud noises, such as screaming or yelling which may scare a horse.

[ ]

H. SADDLE GIRTHS- NATURAL LOOSENING - I UNDERSTAND THAT: Saddle girths (saddle fasteners around horse’s belly) may loosen during ride. IF a rider notices his he/she must alert the nearest staff member or volunteer as quickly as possible so action can be taken to avoid *slippage of saddle and potential fall from the animal*.

[ ]

I. ACCIDENTAL INSURANCE- I AGREE THAT: Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such incurred expenses. My accident/medical insurance company is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and my policy number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]

J. PROTECTIVE HEADGEAR OFFERING- I, for myself and on behalf or my child and/or legal ward, have been offered protective headgear (riding helmet) by THIS STABLE and do understand that the wearing of such headgear while mounting, riding, dismounting and otherwise being around horses, may prevent or reduce severity of some head injuries, and even prevent death happening as the result of a fall or other occurrence. It is understood that STABLE-PROVIDED protective headgear may not be of perfect fit for each rider’s head, and that once provided I/WE will be responsible for securing these helmets on this rider’s head at all times. Mark an “X” below in the box before the statement, which describes your choice to wear, or not wear, STABLE-PROVIDED protective headgear:

[ ] PROTECTIVE HEADGEAR ACCEPTANCE: I/WE REQUEST TO WEAR PROTECTIVE HEADGEAR, WHICH *THIS STABLE PROVIDES.*

[ ] PROTECTIVE HEADGEAR REFUSAL; I/WE REFUSE TI WEAR ANY TYPE OF PROTECTIVE HEADGEAR AND/OR WILL PROVIDE MY/OUR OWN. I/WE ACCEPT FULL RESPONSIBILITY FOR MY/OUR SAFETY IN THIS DECISION.

[ ]

K. LIABILITY RELEASE- IN CONSIDERATION OF THIS STABLE allowing my participation in this activity, under the terms set forth herein, I the rider, and the parent or guardian thereof if a minor, do agree to hold harmless and release THIS STABLE, its owner, agents, employees, officers, members, premises owners, and affiliated organizations from legal liability due to THIS STABLE’S ordinary negligence; and I do further agree that except in the event of THIS STABLE’S *gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/or litigation, against* THIS STABLE and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of THIS STABLE.

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**ALL Riders and Parents or Legal Guardians MUST SIGN below after reading this entire document.**

**SIGNER STATEMENT OF AWARENESS**

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNING, RELEASE AND ASSUMPTION OF RISK, I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT’S PHYSICAL CONDITION, EXPERIENCE AND AGE ARE TRUE AND ACCURATE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF RIDER DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN FOR NAME OF RIDER (Print) DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Email

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