

Volunteer and Staff Information Form and Health History

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Alternate Number: _____

Employer of School: _____

Address: _____

Phone: _____

Parent or Legal Guardian: _____

Address(if different from above): _____

Phone (if different from above): _____

Referral Source: _____

Have you been convicted of a crime in the past seven years? If yes, please explain:

Please circle what areas you are interested in volunteering in:

- Working in classes with students and horses (if over 14 years of age)
- Fundraisers and other extra activities
- Facility Repairs
- Stable Management
- Newsletter
- Volunteer Recruitment
- Photography and Video

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 operating center's program.

I Do Understand

I Do Not Understand

Name: _____

Date: _____

Photo Release:

I Do

I Do Not

consent to and authorize the use and reproduction by Saddle-up Therapeutic Riding Center, Inc. of and 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:** _____

Emergency Medical Treatment Consent

In the event of an emergency, I authorize Saddle-Up Therapeutic Riding Center to secure and retain medical treatment and transportation if needed due to illness or injury.

Allergies:

Medications:

Physician's Name: _____

Preferred Hospital: _____

Health Insurance Co. _____

Policy # _____

Print Name: _____ Guardian Signature: _____

Date of Signature: _____

Liability Release for Volunteers

“Under Georgia law, an equine activity sponsor or equine professional is not liable for and injury to, or death of a participant in equestrian activities resulting from the inherent risks of equine activities.” Pursuant to Chapter 12 of Title 4 of the official code of Georgia Annotated.

RELEASE OF ALL CLAIMS:

NAME: _____ D.O.B. _____

HOME ADDRESS: _____

HOME PHONE: _____ ADDITIONAL PHONE: _____

PERSON TO NOTIFY IN CASE OF AN EMERGENCY: _____

PHONE NUMBER: _____ RELATION: _____

ADDITIONAL PHONE NUMBER: _____

I, the undersigned, agree to the following conditions involved with any of the horses, animals, and equipment.; and release the Clarke’s, as a family, and Saddle-Up, as a business, from any and all liability for injuries or damages or possible death sustained by myself or my child while engaged in horseback riding or any other associated activities. I further agree to use the horses or any other animals and equipment in a safe manner and only as directed.

Parent or Legal Guardian must sign the release if the participant is under 18 years of age.

I have read and understand the above:

PARTICIPANT’S SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____