



Stir-n-Up Hope

Volunteer Availability

Name: _____

Home Phone: _____

Work Phone: _____
if ok to contact during work hours

Cell Phone: _____

Text Message OK YES NO *(circle one)*

E-mail: _____

Earliest time I can get to the barn _____

Available days of the week: MON TUES WED THUR FRI SAT SUN *(circle all that apply)*

Would like to volunteer multiple days/week YES NO *(circle one)*

Other important information we need to be aware of when scheduling volunteer time:



Stir-n-Up Hope

Hazard Awareness Information

Below is a list of potential hazard areas. To prevent injury is to be aware of the following hazards here at "Brownie Place" where Stir-n-Up Hope will be operating.

It is your responsibility and those who accompany you, to avoid these areas:

- Horse Barn
- Porch of Tack Trailer
- FENCING is electric, and will SHOCK you
- NO swimming, fishing or playing around the lake to prevent drowning
- NO climbing or playing around the wood pile

I have read and am aware of the above areas of hazards. I will not hold Stir-n-Up Hope, Inc., it's staff, or land owner responsible or liable for any injury sustained on the premises.

Initials indicate the above has been read and understood: _____

Photo Release

I DO / DO NOT (*circle one*) consent to and authorize the use and reproduction by Stir-N-Up Hope Therapeutic Riding, Inc. of any and all 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 center.

Initials indicate the above has been read and understood: _____

Confidentiality Agreement

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

Initials indicate the above has been read and understood: _____

Additional Information

All volunteers must wear closed toe shoes. Shirts are required and long pants are recommended to protect the skin. If the volunteer is a horse exerciser a helmet MUST be worn. If an exerciser has his/her own helmet, it must be an ASTM approved helmet. Please arrive 10 minutes early, dressed ready to go. Please notify the instructor the evening before if you need to cancel. We understand that may not be possible, so call ASAP so we can contact other volunteers. If you need to bring other family members with you, we ask that you do not allow them to do the following: (Approach the horses; Run in and out of the barn ; Climb onto the porch; Climb on the arena panels, gates, or wheelchair ramp to prevent injuries; Please keep them from screaming so it is not a distraction to the class)

Initials indicate the above has been read and understood: _____

(Name)

(Date)

(Witness)



Stir-n-Up Hope

Authorization for Emergency Medical Treatment Form

Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize _____ to:

(Center's Name)

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

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

Signed in presence of center staff

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

Parent or legal guardian will remain on site at all times during equine assisted activities

In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

Signed in presence of center staff



Stir-n-Up Hope

RELEASE AND WAIVER OF LIABILITY, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

PLEASE READ CAREFULLY

I, _____ (Adult rider or volunteer, or parent or guardian of minor child rider or volunteer) fully understand that horseback riding and any horse-related activities are very dangerous activities. I wish to allow my child to participate, and/or participate myself in these activities knowing that they are dangerous. I accept and assume all risks of injury or death to myself, my child or my property and I represent and warrant that I have the authority to provide this Release and certify as follows:

To the fullest extent allowed by law, I HEREBY FOREVER RELEASE AND DISCHARGE Stir-N-Up Hope, Inc, its members, directors, officers, employees, and anyone providing land for their use, their agents, heirs or spouses (Releasees) FROM ANY LIABILITY to the undersigned, my personal representatives, assigns, heirs, spouses, and next of kin (Releasers) for any loss or damage and any claim of demands therefore on account of injury to me or my child/ward or property of the undersigned or resulting in the death of myself or my child/ward, WHETHER CAUSED BY THE ACTIVE OR PASSIVE NEGLIGENCE OF THE RELEASEES OR ANYONE while myself or my child/ward is present at or participating in any activity arranged or sponsored by the releases. I understand and acknowledge that horse riding and horse related activities, as described above, have inherent dangers which no amount or care, caution, instruction nor expertise can eliminate. I ON BEHALF OF MYSELF AND MY CHILD/WARD, VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ALL RISKS OF PERSONAL INJURY, DEATH AND PROPERTY DAMAGE SUSTAINED WHILE PARTICIPATING IN HORSEBACK RIDING, INCLUDING THE RISK OR PASSIVE OR ACTIVE NEGLIGENCE ON THE PART OF THE RELEASED PARTIES OR HIDDEN, LATENT, OR OBVIOUS DEFECTS AT ANY PROPERTY MADE AVAILABLE TO OR BY THE RELEASEES FOR SAID ACTIVITIES.

To the fullest extent of the law, I, on behalf of myself and my child/ward, WAIVE ANY RIGHT TO PRESENT ANY LEGAL CLAIM OR SUIT against the Releasees, whether based on negligence, breach of contract, breach of warranty, strict product liability, dangerous condition of property, or any other legal theories.

To the fullest extent allowed by law, IT IS THE EXPRESS INTENT OF THE PARTIES THAT, I ON BEHALF OF MYSELF AND MY MINOR CHILD OR WARD, FURTHER AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS Stir-N-Up Hope, Inc., its members, officers, directors, employees, or anyone providing land for their use, their agents, heirs, spouse, officers, directors from any and all claims, suits, costs or expenses of any kind including attorney fees and expert and consultant fees, incurred as a result made by any person for personal injury, including death or property damage, which claim in any way arises out of, or is in any way related to, my participation with any horse riding or any horse-related activity upon land made available for any horse-related activity, including patent or latent defects REGARDLESS OF FAULT AND WHETHER OR NOT CAUSED BY THE ACTIVE, PASSIVE, OR SOLE NEGLIGENCE OF THE INDEMNITEES. This obligation to defend, indemnify and hold harmless equally binds my heirs, assigns and personal representative in the event of my death or incapacity.

This document is a legally binding contract which supersedes any other agreement or representation by or between the parties and which is intended to provide a comprehensive Release of liability and agreement not to sue.

The undersigned further expressly agrees that the foregoing Release and Waiver of Liability, Covenant Not to Sue and Indemnity Agreement is intended to be as broad and inclusive as permitted by the law of the State of Indiana and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT and further agrees that no oral representation, statements or inducements apart from the foregoing written agreement have been made. The undersigned further agrees that should any dispute arise between the parties arising from or relating to the Release and Waiver of Liability, Covenant Not to Sue and Indemnity Agreement, which the undersigned agrees to have the matter submitted to arbitration and waives any right of trial by jury.

WARNING

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.

Name of Rider/Volunteer

Date

Signature of Rider, Parent/Agent for the
Parental Unit/Legal Guardian, Volunteer

Date