

Volunteer day: _____

Volunteer Information Form

Name: _____ Date: _____ Cell: _____

Address: _____

Email: _____

Occupation: _____ Employer: _____

Have you volunteered at REATH before? _____

If not, how did you hear about REATH: _____

What would you like to achieve this year by volunteering with REATH? _____

Do you have any physical limitations? _____ If yes, please explain: _____

What horse experience do you have? (None is required) _____

Do you have any experience in working with people with disabilities? _____

If so, explain _____

Photo Release

I hereby consent to and authorize the use and reproduction by The REATH Center, Inc., of any and all photographs taken of me for promotional material, educational activities, exhibits, electronic publications (including the World Wide Web) or for any other use for the benefit of the program.

PLEASE CHECK ONE:

Photo Release Signature: _____ Date: _____
Parent/Guardian if under 18 yrs.

OR

DO NOT PHOTOGRAPH: Signature: _____ Date: _____
Parent/Guardian if under 18 yrs.

Agreement to Assure Staff/Volunteer Confidentiality

I understand that all information regarding participants and former participants must be kept confidential under provisions of KRS 210.235, and the Federal Register, Vol 40, No 127, July 1, 1975. As a volunteer for The REATH Center, I main obtain information about the medical condition, diagnosis or treatment of program participants. This information is highly confidential and REATH makes every effort to protect the confidentiality of program participant medical information. As a volunteer, I will respect this confidentiality and not share such information with any person or organization outside REATH or utilize the information with any person or organization outside REATH or utilize the information with any person not directly related to my provision of volunteer services to The REATH Center.

I am aware that violation of the requirement of confidentiality is punishable by a fine of up to \$5000 or imprisonment for a term not to exceed five years, or both, pursuant to KRS 210.991.

By my signature below, I hereby agree to assure the confidentiality of information I receive from others or obtain from my own observation regarding participants or former participants.

Volunteer Signature: _____ Date Signed: _____
Signature of parent _____ Date Signed: _____
Parent/Guardian if under 18 yrs.

Volunteer Release of Liability

Although every effort will be made to avoid accident of injury, NO LIABILITY can be accepted by any of the organizations concerned including The REATH Center, its officers, trustees, agents, employees, each and every one of its members, volunteers or associates or the property owners upon whose land the therapy sessions are conducted. After considering the benefits and risks of working with equines and individuals with special health care needs, I do wish to volunteer with REATH.

Liability Release

I (print name) _____ would like to volunteer for REATH's program. I acknowledge the risks and potential of risk for activities involving equines. I feel, however, that the possible benefits of Equine Assisted Activities to myself are greater than the risks assumed. I am aware that horses can kick, bite, throw riders, or otherwise cause injury to riders or other persons in the vicinity. I am aware that horses can act in accordance with their own will. I am aware that horseback riding or working in close proximity with horses or performing maintenance tasks on the program's grounds or facility including those grounds which may compromise part of the property owned by Sammy & Marchetta Garrison is a hazardous activity and am voluntarily participating in this activity with knowledge of the danger involved and accept any and all risk of injury. I hereby, intending to be legally bound for myself, my heirs or assigns, executors or administrators, waive and release forever all claims for damages against The REATH Center, Inc., its Board of Directors, Employees, Instructors, Therapists, Aids, Volunteers, Equines, Equine Owners, Equipment or Operating Site or the Owners of The REATH Center., for any and all injuries and/or losses I/my child/my ward may sustain while participating in The REATH Center's program.

“WARNING UNDER Kentucky law a farm animal activity sponsor, a farm animal professional or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.” (Kentucky Statue Title XXI Chap. 247)

I understand that no liability can be accepted by any of the organizations concerned with this therapy.

Volunteer Signature: _____ Date: _____
Parent/Guardian if under 18 yrs.

Volunteer Job Description

General Description of Duties: Support of participant during therapeutic riding activities.

Specific Job Responsibilities: Sign in and out. Meet and greet participants, families and visitors. Assist participant with correctly fitting the helmet. Physically assist the rider (during mounting, riding and dismounting). Help the rider guide the horse during the lesson. Bridge the instructor to the rider (repeat directions and redirect attention). Cheer, Encourage and Praise.

Conditions of Assignment: Commitment to attend your scheduled lesson for the duration of the sessions.

Qualifications, Training and Preparation for Assignment: Attend Volunteer Orientation or watch power point and complete check-in questions. Copy of completed and approved Volunteer Training Checklist in personal file. Be respectful and polite to equines, participants, families and other volunteers. Walk and occasionally jog alongside the horse for the duration of the lesson on possibly uneven surfaces. Ability to hold your arm, slightly raised and out to the side for up to 30 minutes, providing support to the rider as necessary. Must have adequate vision to ensure the safety of the rider. Ability to adapt to change and to be flexible and patient. Comfortable working with horses and children and/or adults with disabilities and special needs (including physical contact). Minimum age is 14. Cannot be fearful of horses.

Volunteer Expectations

Personal Conduct: When performing services for REATH, volunteers are expected to conduct themselves in such a manner as to advance the purposes of and increase public confidence in REATH.

Conflict of Interest: A conflict of interest is an action based on interest other than those of the participants and/or of REATH. The conduct of all of us and our relations with individuals at REATH is a matter of vital importance. You should strive at all times to avoid both actual conflicts of interest as well as any appearance of a conflict of interest. The name of REATH is not to be used in connection with any issue or product outside of the organization.

Attendance and Punctuality: Every volunteer is vital to REATH and REATH really counts on the services of its volunteers. If you cannot be available as scheduled, please notify the Volunteer Coordinator with a 24 hour notice.

Record Keeping: All volunteer paperwork must be completed and on file before participating in REATH activities.

Service Time Records: Volunteers are asked to record their volunteer service hours. This information is used to report in-kind donations.

I have read and understand the above: _____ Date: _____

Riding Agreement, Release from Liability and Indemnification

Page 1 of 3

This riding agreement, release from liability and indemnification (hereby referred to as "AGREEMENT") is entered into as of the date indicated below by and between The REATH Center, Inc., (REATH), a Kentucky nonprofit corporation which maintains its principal place of business as 55 Heritage Dr. Campbellsville, KY 42718 [REDACTED] (RIDER), an individual resident of the Commonwealth of Kentucky with an address of (Address) [REDACTED]

WHEREAS, REATH owns and/or leases certain horses and ponies (herein collectively "HORSES" and singularly "HORSE") which REATH uses in its therapeutic horsemanship and therapy sessions.

WHEREAS, RIDER desires to ride one or more of the HORSES and the terms "RIDE" and "RIDING" herein shall refer to the riding as well as driving, catching, tacking up, bathing, turning out or otherwise handling or being in the vicinity of any of the HORSES, 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.

WHEREAS, REATH is willing to permit RIDER to ride the HORSES without compensation to REATH on the condition that the RIDER agrees to release REATH, as well as its agents, employees, officers, directors, volunteers, representatives, assigns, members, owners of the premises and trails, affiliated organizations, insurers, and others acting on its behalf, as well as the owner of any of the HORSES if that owner be someone other than REATH, (all those individuals or entities being released hereinafter shall collectively be referred to as "ASSOCIATES") from any liability in the event that the RIDER dies or is injured while RIDING, and to hold REATH and the ASSOCIATES harmless from any claim or expense whatsoever which may result to the person or property of any third part as a result of the RIDER's activities while RIDING; and

WHEREAS the RIDER desires to provide such release and indemnify REATH and the ASSOCIATES. NOW THEREFORE, in consideration of the mutual covenants contained in this AGREEMENT and other good and valuable consideration, the receipt and sufficiency of which REATH and RIDER hereby acknowledge, REATH and RIDER agree as follows.

1. Permission to RIDE. RIDER may RIDE certain of the HORSES on the terms set forth within.
2. Intent. This AGREEMENT shall be legally binding on the RIDER, his or her heirs, assigns, and estate, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the Commonwealth of Kentucky. If any cause, claim or word is in conflict with state law, then that single part is null and void, but the remaining words of clauses shall remain in full force and effect.
3. Acknowledgement and Assumption of Risks. RIDER acknowledges that he or she understands that there are numerous obvious and non-obvious inherent risks always present in RIDING, despite all safety precautions, and that related injuries can be severe or even fatal, sometimes requiring hospital stays and resulting in lasting residual effects. These risks and these injuries can be greater than in other outdoor or sporting activities. RIDER hereby acknowledges that he or she knowingly and voluntarily assumes those risks and that RIDER shall be responsible for his or her own safety and that of an unborn child if the RIDER is pregnant. REATH advises pregnant women not to ride HORSES, unless given specific permission by the woman's physician. REATH also advises RIDERS not to ride alone.

Riding Agreement, Release from Liability and Indemnification

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4. **Natural and Man-Made Conditions.** RIDER acknowledges that REATH is NOT responsible for total or partial acts, occurrences, or elements of nature that can scare a HORSE, cause it to fall, or react in some other unsafe way. Those events include, but are not limited to, thunder, lightning, rain, wind, water, wild or domestic animals, other horses of HORSES, insects, reptiles, which may walk run or fly near, or bite or sting a person or HORSE; 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. RIDER also acknowledges that REATH is NOT responsible for the man-made conditions which can scare a HORSE, cause it to fall, or react in some other unsafe way. Those events include, but are not limited to the passing of vehicles or equipment, blowing trash, and slippery, uneven or unsafe road surfaces.
5. **Liability release:** In consideration of REATH allowing RIDER to engage in RIDING of the HORSES, under the terms set forth herein, the RIDER, for his or herself on behalf of his or her heirs, administrators, personal representatives or assigns, does agree to hold harmless, release and discharge REATH and its ASSOCIATES, from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, which may arise from or relate in any way to the RIDER's RIDING of the HORSES, regardless of whether or not that claim or demand, cause of action or legal liability is due to REATH's and or its ASSOCIATES' ordinary negligence; and rider further agrees that except in the event of REATH's gross negligence and willful and wanton misconduct, RIDER shall not bring any claims, demands, legal actions and causes of action against REATH or its ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by RIDER in relation to the premises and operations of REATH, including while RIDING, handling, or otherwise being near HORSES owned by or in the care, custody and control of REATH, whether on or off the premises of REATH.
6. **Indemnification.** RIDER takes full responsibility for any harm to person or property (regardless of whether that property is owned by RIDER, REATH, any of its ASSOCIATES or any other person or entity) which may result from RIDER's use of HORSES. RIDER hereby agrees to indemnify and hold harmless REATH and its ASSOCIATES from and against any liability, claim or expense (including reasonable attorney's fees) which may be asserted against REATH in litigation, or which may be demanded or REATH in any context than litigation, which arises out of or in any way concerns RIDER'S RIDING of any of the HORSES.
7. REATH may be classified for certain purposes under the Kentucky Farm Animal Activity Act, as a farm animal activity sponsor or professional, and therefore may be required in this AGREEMENT to call the RIDER's attention to the following notice and warning:

WARNING: UNDER KENTUCKY LAW, A FARM ANIMAL ACTIVITY SPONSOR, FARM ANIMAL PROFESSIONAL, OR OTHER PERSON DOES NOT HAVE THE DUTY TO ELIMINATE ALL RISKS OF INJURY FROM PARTICIPATING IN FARM ANIMAL ACTIVITIES. THERE ARE INHERENT RISKS OF INJURY THAT YOU VOLUNTARILY ACCEPT IF YOU PARTICIPATE IN FARM ANIMAL ACTIVITIES.

Riding Agreement, Release from Liability and Indemnification

- 8. Selection of a particular HORSE. REATH refuses to select, and disclaims any responsibility for selecting HORSE which is suitable for the RIDER's ability and skill level. However, REATH reserves the right to prohibit certain HORSES from being ridden by RIDER or any individual at certain times or at all times. If the RIDER is unsure of the temperament and habits of any of the HORSES, or is unsure whether he or she is competent to RIDE a particular HORSE, RIDER agrees that he or she will discuss the choice of HORSES with REATH staff, but RIDER hereby agrees and acknowledges that the choice of which of the HORSES he or she will ride is made solely by the RIDER and not by REATH. While REATH attempts to accept only those HORSES into its program which have a gentle temperament, RIDER hereby acknowledges that regardless of temperament, all HORSES are capable of, and should be expected to, react and behave in ways which are unpredictable and which can cause injury or death.
- 9. Additional rules: REATH requires all RIDERS to be familiar with and obey its rules for RIDING, a copy of which rules are attached to the AGREEMENT and incorporated herein by this reference. Additionally, RIDER agrees that, prior to RIDING, RIDER will check the message boards posted in the REATH barn to read any additional rules, warnings or restrictions which may be in place that day and RIDER agrees to abide by all such additional rules, warnings or restrictions.
- 10. Tack: RIDER may use his or her own tack (IF APPROVED BY REATH STAFF) or may use REATH's tack. In the event RIDER elects to use REATH's tack, RIDER is solely responsible for the inspection of tack to ensure that it is safe and in good repair. RIDER acknowledges that saddle girths and cinch straps may loosen during a RIDE. If a RIDER notices this he or she must immediately dismount and tighten the girth strap so as to avoid a potential fall from the HORSE.
- 11. Accidental/Medical Insurance Information and Authorization: Should emergency medical treatment be required, RIDER or his or her accident/ medical insurance company **shall pay** for **ALL** such incurred expenses.

RIDER's accident/medical insurance company: _____
Policy Number: _____

RIDER hereby authorizes REATH to obtain such emergency care in the event that REATH may be called upon to do so.

ALL RIDERS must sign below after reading this ENTIRE DOCUMENT.

SIGNER STATEMENT OF AWARENESS

I, the undersigned, have read and do understand the foregoing AGREEMENT, including all warnings, releases, indemnifications and assumptions of risk, and agree to its terms and conditions.

Signature of RIDER, or parent/guardian if RIDER is under 18 years of age

Date:

Signature of REATH Staff

Date

Volunteer Training Checklist

Part 1- Classroom or Online

Date: _____

- Facility Rules and Policies/Safety Guidelines
- Roles in the arena

Part 2- Hands-On

Date: _____ Trainer: _____

- Tour of Facility
- How to Groom- Curry, Body, and Face Brush and Hoof Pick- Demonstrate
- How to Lead a Horse- Safety Considerations?
- Emergency Dismount- Demonstrate
- What to do/Where to go for Emergencies? In Case of Tornado, Fire, and Severe Weather
- COVID-19 guidelines
- Read & signed all paperwork

Volunteer Orientation Verification of Understanding

Please initial beside each statement number.

This attests that you have been trained in, understand, and will practice or abide by this procedure, policy or statement.

	1. I know the appropriate clothing and footwear options for working in the arena at REATH.
	2. I know and understand REATH's policy on cell phone usage in the arena.
	3. I understand REATH's "Dismissal Policy".
	4. I understand and will practice REATH's Safety Guidelines around horses.
	5. I understand and will practice "Universal Precautions" when in an emergency situation.
	6. I understand REATH's Fire Evacuation Plan, what my role is and where Rally Points are, in the event of a fire emergency.
	7. I understand REATH's Tornado Evacuation Plan, what my role is and where the Tornado Safe Room is located, in the event of a tornado emergency.
	8. I understand what to do in the event of hearing thunder when riding out of doors.
	9. I understand REATH's cancellation policy regarding high Heat Index.
	10. I understand what a possible Horse Emergency might be and what to do in that situation.
	11. I understand the role and responsibilities of the Leader In a Therapeutic Riding Lesson.
	12. I understand the role and responsibilities of the Side Walkers in a Therapeutic Riding Lesson.
	13. I understand the role and responsibilities of the Instructor in a Therapeutic Riding Lesson.
	14. I understand and will practice "Person-First Language" when at REATH. (ex: Child with special needs.)
	15. I understand how to correct horses when working with them. (back them up)
	16. I understand how therapeutic riding can provide benefits to individuals with disabilities.
	17. I understand and will follow REATH's Policy on Confidentiality.
	18. I will interact with all individuals (human and equine) at REATH with respect and patience.

I have been trained and understand all of the above.

Volunteer Signature: _____

Signature of parent/guardian if volunteer is under 18 years of age.

Date: _____

Trainer Signature: _____ Date: _____

Riding
Enhanced
Around
Therapeutic
Horses

THE REATH CENTER

55 Heritage Dr.
Campbellsville, KY 42718
Phone: (270) 465-3860

Authorization for Emergency Medical Treatment

Volunteer

Rider

Employee

In the event emergency medical aid/treatment is required due to illness or injury during the course of giving or receiving lessons or while being on the property of the agency, I authorize The REATH Center 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.

Client's/Volunteer's Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

Parent/Guardian (if Applicable): _____ Phone: _____

In the event I can not be reached:

Contact: _____ Phone: _____

Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co: _____ Policy # _____

Consent Plan

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

Date: _____ Consent Signature: _____

Client, Parent, Guardian or Volunteer (signed in presence of center staff)

Print Name: _____

Address: _____

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 procedures to take place:

Date: _____ Non-Consent Signature: _____

Client, Parent, Guardian or Volunteer

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Participant Liability Waiver

Participating at The REATH Center is rewarding, but it is not without risks. While we strive to make REATH a safe environment for all our guests, we ask that you observe our rules of safety at all times.

I, _____ (Participant), am aware of the risks of contracting Covid-19 or communicable diseases while participating in face to face activities at The REATH Center, Inc (REATH) and I agree to hold harmless REATH, Inc, it's employees, and all other individuals I may come in contact with during participation and receiving of services.

I am also aware that face to face services increase my risk of contracting and passing on the Covid-19 or communicable I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by The REATH Center, Inc and my individual provider/practitioner. This may include, but is not limited to, waiting in my vehicle and/or home until I am asked to enter the building/vehicle either in person or via telephone; washing my hands prior to each session; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective medical mask and/or gloves.

I agree to cancel my services should I have within the previous 24 hours to 2 weeks personally exhibited or have been in contact with someone who has presented with illness including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regards to my future services during this pandemic.

REATH, Inc will engage in regular cleaning and sanitizing of horse tack, grooming supplies and office doors, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC.

By signing, you understand the risks and hazards upon entering the facility during a health crisis, and assume all risks of loss, contraction of illness, damage, or injury including death, that may be sustained while at REATH or while performing activities for REATH at one of its events or functions. You agree that you are participating in a community service on your own behalf and release, REATH, its directors, officers, employees, and board members from any and all claims, injuries, and actions (including those that are of active or passive negligence) arising from any activities in which you are participating for REATH.

By signing, you represent that you are 18 years of age and of sound mind. If you are under 18, a parent or legal guardian must sign this form as well.

Volunteers under 14 must be accompanied by an adult at all times.
Riders under 18 must have an adult on the premises at all times.

Signature

Date

Printed Name

If participant is under 18 years of age:

Signature of Parent or Legal Guardian

Printed (Parent or Guardian) Name

Name of Participant

Date

The REATH Center



www.thereathcenter.com

The REATH Center
55 Heritage Drive
Campbellsville, Ky 42718

Dear Prospective Volunteer,

We are so excited you have shown an interest in working with The REATH Center. Volunteers are a vital part of this program and without you, the REATH would cease to exist. Enclosed you will find a volunteer packet to be completed and returned before participating at The REATH Center. Please return the packet ASAP to be eligible to assist in riding sessions.

We are offering to this community and surrounding communities a quality, safe program, and much of this depends on our volunteers. A solid commitment is necessary for the times you are scheduled to volunteer. Our classes begin in the spring and will last until the fall. You may want to volunteer for all of the sessions for a certain student (most like consistency), or pick a session that will fit your schedule. Once a commitment is made to a day and time, do not cancel unless an emergency occurs. Please give a 24-hour notice to the volunteer coordinator if you are unavailable for a session. **NEVER SKIP A SESSION** you are scheduled to volunteer, because we are counting on you and if you do not show up, a rider may be unable to participate in their session.

If you are unable to assist during a session, there are other ways you can help. The horses are worked with daily, equipment care is needed, office work, and fundraising are just a few ways to help. We would love for you to help in any way possible.

You will need to complete the volunteer training requirements and notify the volunteer coordinator to schedule availability.

We appreciate your interest and look forward to working with you. Your experience will be very rewarding and satisfying, leaving you with a good feeling about persons with special needs and their capabilities. **THANK YOU** for your commitment!

Sincerely,

Marchetta O. Garrison

Marchetta Garrison,

Operations Manager & Instructor

(270) 789-8654

Sabrina Garrison-Volunteer Coordinator

(270) 572-6183

The REATH Center
55 Heritage Dr.
Campbellsville, KY 42718
Phone: (270) 789-8654 (Marchetta)
(270) 572-6183 (Sabrina - Volunteer Coordinator)
Volunteer Guidelines

- Volunteer must arrive 30 minutes prior to lesson
- A volunteer receives a student when they arrive. Do NOT allow parents or siblings in lesson area.
- Volunteers assigned to students will assist them with proper equipment and activities throughout the lesson.
- After the lesson, the volunteer will assist the student to their guardian or vehicle.
- Feel free to discuss any questions or comments with the instructor before or after the class.
- The student is not to enter the barn or class area unless accompanied by an instructor, designated volunteer, or a REATH Center person.
- No smoking or chewing of tobacco is allowed on the premises.
- Volunteers must be at least 14 years of age and physically fit to walk approximately an hour and jog occasionally.
- Give The REATH Center 24 hours notice of a cancellation of a lesson you are scheduled to help with.
- Inform us of any accidents or injury occurring on the premises immediately.
- Special announcements are posted on the bulletin board in the tack room.
- Always check in with your instructor when you arrive to get your job assignments.
- An orientation will be scheduled prior to the first lesson and you MUST attend.

WEATHER

In case of inclement weather contact The REATH Center at (270) 789-8654 to see if classes have been canceled. Always call to be sure of a cancellation because it may not be raining at the center and classes will be held.

SCHEDULING

Please let me know of your availability for classes. Volunteering is a commitment and we need to have enough volunteers available for each rider so their ride can be safe and enjoyable. It is paramount that when you commit to a time that this time is kept because if we do not have enough volunteers for the day a rider may not be able to ride. However, we do understand that special circumstances can occur and you may need to cancel for your scheduled time. If this occurs we ask that you contact us immediately. If a volunteer continuously cancels for their time, then their name will be removed from the volunteer list.

Directions to The REATH Center

The directions to the REATH Center are as follows:
Take Hwy 527-approximately 5 miles from the stop light off Broadway. Turn slight right onto Chestnut Grove Rd. Go approximately 0.8 of a mile and turn left onto Heritage Dr. Follow the signs to The REATH Center.