

VOLUNTEER/STAFF INFORMATION FORM AND HEALTH HISTORY

Name: Last _____ First _____

Last Tetanus Shot: _____ Tuberculosis Test + - Date: _____

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respirator, bone or joint function, recent hospitalization, surgery, or lifestyle changes.

Allergies: _____ Do you carry an epi pen? _____

Emergency Contact Person: _____ (Phone #): _____

What hospital do you prefer to be taken to if unconscious _____?

Signature: _____ Date: _____

Photo Release

I DO

I DO NOT

Consent to and authorize the use of reproduction by

_____,
Path Intl Center or anyone else FB Twitter or news media
Of any and all photographs and any other audio/visual materials taken of me for promotional material.

Signature: _____ Date: _____

Background Information

All Volunteer and Staff will have a background check

Have you ever been charged with or convicted of a crime: Y N Please explain

I, _____ (volunteer/staff) authorize Divine Equine Therapeutic Riding Center, to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly **DO NOT** authorize the PATH Intl Center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signature: _____ Date: _____
CURRENT DRIVER'S LICENSE (Y N) LICENSE NUMBER _____ STATE ____

Confidentiality Agreement I understand that all information (written and verbal) about participants at this PATH Intl. Center is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

Signature: _____ Date: _____

POLICY OF CONFIDENTIALITY

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of Divine Equine Therapeutic Riding Center Therapeutic Riding Center and not discuss or disclose any sensitive information about any person or their family. Participant Signature 18 years or older:

Signature of Volunteer: _____ Date _____

Signature of Parent Guardian _____ Date _____

Release of Liability of an Adult

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 object 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 injuries and or losses I may sustain while participating in activities at or sponsored by Divine Equine or while on Divine Equine property, from whatever cause, including but not limited to the negligence of The Released Parties.

I hereby, intending to be legally bound for myself, my heirs, assigns, executors and administrators, waive and release forever all claims for damages against Divine Equine Therapeutic Riding Center, 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 Divine Equine, or while on Divine Equine 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: _____

** For persons under 18 Years of Age or for Adults who have a Legal Guardian

RELEASE FOR A MINOR OR WARD

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 Divine Equine Therapeutic Riding 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 Divine Equine 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 Divine Equine Therapeutic Riding Center, 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 Divine Equine or while on Divine Equine property, from whatever cause, including but not limited to the sole or contributory negligence of all or any of The Release 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 DIVINE EQUINE. **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 DIVINE EQUINE 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, and 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

Divine Equine Volunteer Code of Conduct

- We will honor our commitment to our riders.
- We realize that safety is of the utmost importance.
- We will take seriously the importance of confidentiality.
- We will respect our fellow volunteers.
- We will cooperate with the instructor and be open to their guidance.
- We will be compassionate and caring to our riders.
- We will treat the Divine Equine horses humanely and with understanding, patience and care.
- We will help instill in our riders, empathy for the horse.
- We will help to maintain the integrity of Divine Equine's property, facilities and equipment.
- We will conduct ourselves in a wholesome and positive manner.

Volunteers will be dismissed if Code of Conduct is not followed

I have read the above and agree to Divine Equine Volunteer Code of Conduct:

Print Name: _____

Signature: _____

Date: _____

Here at Divine Equine we follow the:

WARNING (TEXAS LAW CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE) UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE),

A LIVESTOCK SHOW SPONSOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN A LIVESTOCK SHOW RESULTING FROM THE INHERENT RISKS OF LIVESTOCK SHOW ACTIVITIES.

*Under Definitions in this chapter section 4

(A) a person or group who sponsors, organizes, or provides the facilities for a farm animal activity, including facilities for a pony club, 4 h club, hunt club, riding club, therapeutic riding program, or high school or college class, program, or activity, without regard to whether the person operates for profit; or

(B) an operator of, instructor at, or promoter for facilities, including a stable, club house, pony ride string, fair, or arena at which a farm animal activity is held.

Volunteer's parents must sign a consent form and sign this sheet stating you have read and signed if under the age of 18.

Name printed _____

Signature _____ Signed Date Read _____