Osborne Stables Equine Rescue, Inc.
P.O. Box 206 / 5056 Highway 87 West
Sutherland Springs, Texas 7861
Phone: 210-827-3136
E-mail: claudette@osbornestablesequinerescue.org * www.osbornestablesequinerescue.org

Volunteer/Student Release

MUST CONTAIN ORIGINAL SIGNATURES

This form must be completed and submitted for **EVERY participant*** at Osborne Stables Equine Rescue, Inc. (OSER) before engaging in ANY horse related activity. It is the participant's* responsibility to ensure that all information is complete and accurate, and to notify OSER in the event of any changes. **Volunteers and assistants may be subject to background check. All information is confidential and HIPPA privacy policy applies.**

CONTACT INFORMATION: PLEASE PRINT

Participant's* Name: _____ Birth Date: _____

Address: _____ City/State/Zip: _____

Home/Work Phone: _____ Cell Phone: _____ Email: _____

Parent/Legal Guardian **(for participants* under 18)**: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Home/Work Phone: _____ Cell Phone: _____

EMERGENCY INFORMATION

Please notify the following individual(s) immediately in the event of a medical emergency:

Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Home/Work Phone: _____ Cell Phone: _____

Other Emergency Contact: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Home/Work Phone: _____ Cell Phone: _____

Family Physician: _____ Phone Number: _____

Address: _____ City/State/Zip: _____

Date of Last Tetanus Shot: _____

List all special medical conditions , medications or allergies that staff or emergency personnel should be aware of:

_____

E-Mail Address: _____

Signature: _____ Date: _____
(participant* or parent/guardian if under 18)

***Participant:** **A**ny individual who knowingly participates in a OSER activity on or off OSER property,including barn/farm labor, educational/fundraising activities, and any other activity at a location sponsored by OSER.

PLEASE READ CAREFULLY AND INITIAL BESIDE EACH STATEMENT BELOW:

Participant Parent

_____ _____ I understand that horses are independent living beings and can be unpredictable.

_____ _____ I understand that there are always elements of risk in equestrian activities, including permanent disability or death, that common sense and personal awareness can help reduce.

_____ _____ **I am aware that at all times when on Osborne Stables Equine Rescue, Inc. Property or the property any event may be held at, it is MY RESPONSIBILITY to:**

1. Be alert and respectful of horses' intentions signaled with their ears and eyes and carried out with their teeth and hooves.
2. Speak in a reassuring tone when approaching a horse or horses and avoid sudden movements or noises.
3. Never leave horses unattended with their stall door open, in stable aisles, while they are tied or in the riding arena.
4. Always lead horses properly with a lead rope.
5. Always wear appropriate clothing, including durable shoes.
6. Put away tack and equipment after using.
7. Know locations of emergency telephones, ambulance and veterinarians' phone numbers, and farm staff.
8. Never be intoxicated in the stable or allow others to be so.
9. Read and obey all posted information and warnings.
10. Comply promptly with all verbal directions of OSER staff and instructors unless I believe that by doing so I will endanger myself, other people or horses, in which case I will immediately express my opinion to the person involved.
11. Refrain from acting in any manner which may cause or contribute to my injury or the injury of other people or horses.

_____ _____

I am aware that at all times when riding, it is MY RESPONSIBILITY to:

1. Always ride with another person.
2. Check all equipment and tack, including the saddle, girth, straps, bridle and bit before using for signs of weakness and proper adjustment.
3. Use proper equipment and attire, including a regulation helmet with a chin strap snugly fastened at all times and boots with heels. I also understand that regulation helmets are available for use at OSER and that if I choose not to wear one, I am wholly responsible for any consequences.
4. Ride in control ONLY on horses rated within my ability level.
5. Be constantly aware of, anticipate and be able to avoid nearby horses, people and obstacles, or natural and man made hazards.
6. Never tailgate and always audibly alert nearby riders and people on the ground before changing direction or overtaking another horse.

_____ _____

I understand that this is only a partial list, and I must be safety conscious and exercise sound judgment AT ALL TIMES. ANYONE found to be endangering themselves, other people or horses face immediate revocation of riding privileges WITHOUT EXCEPTION.

Signature: _____ Date: _____

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including barn/farm labor, educational/fundraising activities, and any other activity at a location sponsored by OSER.

MUST CONTAIN ORIGINAL SIGNATURE BEFORE HANDLING ANY HORSE

I hereby acknowledge and assume the risk of participating in any and all horse related activities, including riding, at OSER or in any and all locations where OSER activities take place. I hereby release OSER, its officers, staff members, volunteers, instructors, advisors and/or agents in any location where horse related activities are conducted or horses and/or property are used. I release them from responsibility for accidental physical injury, including death or illness and loss of personal property while at OSER.

I agree to remain fully liable and responsible for any such hospital, doctor, ambulance, dental or medical fees in the event of an injury to me as a result of my participating in any and all activities involving OSER. I understand that OSER **does NOT provide health, accident or liability insurance to participants***. Initial _____

I acknowledge that there is a valid consideration to executing this release. The invalidity of any statement or waiver of rights above under local, state or federal law does not invalidate any other statement or waiver of rights above.

Signature: _____ Date: _____
(participant* or parent/guardian if under 18)

PHOTO RELEASE

I ☐ DO
☐ DO NOT

Consent to and authorize the use and reproduction by Osborne Stables Equine Rescue, 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 OSER.

Signature: _____ Date: _____
(participant* or parent/guardian if under 18)

OPTIONAL: AUTHORIZATION FOR TREATMENT

The undersigned participant*,_____, and parents or legal guardian of a minor participant*, authorizes members of OSER as agent(s), to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician, licensed emergency medical technician or surgeon, whether on OSER property, in a remote location, in an office or in a licensed hospital. This authorization is given in advance of any required care to empower the agent(s) to give consent for such treatment as the health care giver may deem advisable. This Authorization shall remain effective indefinitely unless revoked in writing.

Signature: _____ Date: _____
(participant* or parent/guardian if under 18)

Health Insurance Carrier: _____ Policy Number: _____

Health Insurance Phone Number: _____

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