



# Volunteer Information Form and Health History

*Please print CLEARLY!*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer/School \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail \_\_\_\_\_

Parent/legal guardian name & address \_\_\_\_\_

(If under 18 years of age)

## Health History

Date of last tetanus shot \_\_\_\_\_ Date of last Tuberculosis test \_\_\_\_\_ Result **+** or **-**

Please describe your current health status, particularly describing the physical and emotional demands of working in an equine-assisted therapy program. Please address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations, surgeries, or lifestyle changes.

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

## Background Information

Have you ever been charged with or convicted of a crime? Y / N (circle)

Please explain \_\_\_\_\_

I, \_\_\_\_\_, authorize Lift Me Up! 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 a volunteer, and I expressly DO NOT authorize Lift Me Up!, 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 \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

Discuss the nature and extent of any previous experience you might have with:

(1) Horses and riding generally \_\_\_\_\_

(2) Therapeutic riding in particular \_\_\_\_\_

(3) Working with special needs children and/or adults \_\_\_\_\_

Please mark with an "X" the days and times which you would be available to volunteer on a regular basis.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning ~ 9:00 – 12:00							
Afternoon ~ 1:00 – 4:00							
Late afternoon ~ 4:00 – 7:00							

Are you willing to serve as a substitute for volunteers who cannot attend their regularly scheduled lessons?

If so, please mark with an "X" the days and times which you would be available to act as a substitute.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning ~ 9:00- 12:00							
Afternoon ~ 1:00 – 4:00							
Late Afternoon ~ 4:00 – 7:00							

Please indicate with an "X" specific areas of the program in which you are interested in becoming involved:

**Program**

- Leading a horse
- Sidewalking with a rider
- Stable management
- Facility repairs

**Special Events**

- On-site horse shows
- Off-site horse shows
- Fundraising gala
- Parades

**Administration**

- Public relations
- Fundraising
- Grant writing
- Volunteer Recruitment
- Photography/video
- Newsletter
- Budget and Finance

**Confidentiality Agreement**

I understand that all information (written and verbal) about participants at Lift Me Up! is confidential and will not be shared with anyone without the express written consent of the participant and his or her parent/guardian in the case of a minor.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18, signature of parent or guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Accuracy Statement**

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 center's program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(If under 18, signature of parent or guardian)



## Authorization for Emergency Medical Treatment Form

*Please print CLEARLY!*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Preferred Medical Facility \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Allergies/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 Lift Me Up! to:

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 \_\_\_\_\_

### 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. In the event emergency treatment-aid is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Consent Signature \_\_\_\_\_

Client/Parent/ or Legal Guardian \_\_\_\_\_



## BARN RULES AND REGULATIONS

Violations of these rules and regulations could result in termination of participation in all LMU activities. PLEASE SIGN BELOW.

**\*\*PLEASE KEEP DRIVEWAY GATE CLOSED\*\***

1. **ALL PARTICIPANTS (RIDERS, VOLUNTEERS, AND STAFF) WORKING WITH ANY HORSE MUST SIGN LMU'S WAIVER PRIOR TO PARTICIPATING AND SUBMIT TO LMU. If participant is under 18 years of age, parent or legal guardian must sign waiver.**
2. **VISITORS (anyone other than LMU staff, trained volunteers, and riders with appropriate supervision) are not allowed in stalls or turnout areas. Riders may enter stalls ONLY with appropriate staff and volunteer supervision.**
3. **NO ONE shall mount any horse on any property owned or leased by LMU without either expressed consent, advanced approval from LMU staff or a signed agreement with the owner of a boarder horse.**
4. **EVERYONE MUST WEAR A PROPERLY FITTED ASTM/SEI APPROVED HELMET WHEN MOUNTED. LMU also requires that riders wear these helmets when grooming.**
5. **NO SMOKING in or around barn.**
6. **No drinking of ALCOHOLIC beverages or use/possession of illegal substances on property.**
7. **Jeopardizing the safety of horse or human in any way will not be tolerated.**
8. Always CLEAN UP after yourself and your horse (aisle, rings, tack room, etc.). Put manure and trash in proper places - turn off LIGHTS and WATER when done.
9. DO NOT FEED horses, including treats or hay, without permission from LMU staff, or make adjustments to feed without discussing with LMU staff.
10. Do not wander around property unless accompanied by LMU staff.
11. Volunteers and staff MUST wear appropriate shoes/boots while working around horses. NO OPEN TOED SHOES.
12. INDOOR ring lights are to be on only when riding inside.
13. All injuries, accidents, or damages must be reported to LMU staff immediately.
14. Keep tack rooms clean and organized.
15. Disrespect for others will not be tolerated.
16. Do not ride horses in the barn aisles.
17. Please refrain from using PROFANITY.
18. Please regard all parking and traffic regulations.
19. Refrain from engaging in disruptive behavior or making loud noises that might frighten animals.
20. NO RUNNING around the horses.
21. Please do not climb or hang on gates.
22. NO DOGS.

I acknowledge that I have read, understand, and am willing and able to follow the rules and regulations listed above. Additionally, I understand that not complying with these rules and regulations can result in immediate termination of participation in LMU activities.

Participant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



**LIFT ME UP! FOUNDATION, INC.  
RELEASE, WAIVER & INDEMNITY AGREEMENT**

It is recognized that any horse-related activity entails risk. While Lift Me Up! (LMU!) will endeavor to provide safe conditions on its properties, it cannot guarantee that it can eliminate all risk. LMU! grants riders, volunteers, instructors, and others participating in or observing the program permission to enter the premises of LMU! 9700-9704 Georgetown Pike, Great Falls, VA 22066.

The undersigned (hereinafter referred to as "Participant"), being of legal age or signing in conjunction with a parent or legal guardian if not of legal age, desires to enter upon the premises referenced by addresses above known as LMU! and/or to use horses and/or facilities either owned or controlled by LMU!, and/or to receive training or instruction for the agents, volunteers or employees of LMU!, and being fully aware of the risk of injury and dangers inherent said premises and/or the ringing and handling of horses hereby elects voluntarily to enter said premises and/or to participate in said activities, and does hereby willingly enter into this Release, Waiver and Indemnity Agreement.

Therefore, in consideration of being permitted to enter upon the premises known as LMU! and/or receive instruction or assistance from the agents, volunteers or employees of LMU!, Participant assumes all risk of loss, damage, or injury that might be sustained by any or each of the undersigned or any property of any or each of the undersigned while participating in or observing the riding for the disabled program or en-route to or from these premises. Participant knowingly and expressly waives Participant's rights to sue LMU! and its officers, directors, volunteers, employees, agents, successors, heirs, for any injury, death, loss, or damage caused to Participant or to Participant's property, and Participant agrees to assume all risks inherent in riding or otherwise coming in contact with horses, including, without limitation, the risks of injury, death, loss, or damage to Participant or Participant's property. Participant acknowledges that Participant has been given notice of the risks inherent in and intrinsic dangers of equine activities including (i) the propensity of an equine to behave in dangerous ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collision with other animals or objects; and (v) the potential of Participant acting in a negligent manner that may contribute to injury to Participant or others, such as failing to maintain control over the equine or not acting within Participant's ability, and Participant expressly agrees to assume all such risks and waives all right to sue for injuries caused by such risks. This waiver and express assumption of risks shall specifically apply to Participant and to any and all minor children and/or wards of Participant in accordance with the terms of Va. code Ann. §3.1-796.132B and shall be construed to comply with all exculpatory terms of the Virginia Equine Activity Liability Act, Va. Code Ann. §§3.1-796.13 et seq. (Chapter 27.5, Code of Va. (1950)). Further, this release shall be binding upon the distributees, heirs, executors, administrators, and guardians of each of the undersigned.

If Participant is a minor or otherwise under a legal disability, this agreement shall be signed by Participant's parent or legal guardian. By signing, the parent or legal guardian agrees: (i) to waive the parent's, guardian's, and Participant's right to sue the parties named in the immediate preceding paragraph; (ii) to assume, on behalf of the parent, guardian, and Participant, the risks set forth in the immediately preceding paragraph, in addition to all other risks of riding or otherwise coming into contact with horses; and (iii) to indemnify and hold harmless LMU! and its officers, directors, volunteers, employees, agents, successors, heirs, from any and all costs of defending such claims, including attorney's fees.

It is expressly agreed by Participant and nay parent or guardian whose signature appears on this document that this Release, Waiver and Indemnity Agreement shall be governed and construed as being sufficient to satisfy the assumption of risk and waiver requirements necessary to relieve equine activity sponsors and equine professionals from liability under the Virginia Equine Activity Liability Act, and that LMU! and its board of directors, volunteers, and employees, are covered by the provisions of that Act. This Release, Waiver, and Indemnity Agreement shall be governed and construed by the laws of the Commonwealth of Virginia, regardless of where any injury or loss shall occur. In the event that any portion of this Release, Waiver, and Indemnity Agreement shall be declared unenforceable, such declaration shall not affect the remaining terms of this document, which shall survive intact.

Participant has been advised to wear protective headgear and hard-soled, heeled footwear at all times while riding or otherwise coming in contact with horses, and expressly assumes the risk of injury resulting from a failure to do so and/or from selecting headgear or footwear that does not adequately protect against injury.

**CAUTION: READ BEFORE SIGNING**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



**LIFT ME UP! FOUNDATION, INC.  
PHOTO RELEASE**

**CONSENT**

I hereby consent to and authorize the use and reproduction by LIFT ME UP! of any and all photographs and any other audiovisual materials taken of me/my son/daughter/ward for promotional printed materials, educational activities, and exhibitions or for any other use for the benefit of LIFT ME UP!

Date \_\_\_\_\_ Consent Signature \_\_\_\_\_

Client/Parent/ or Legal Guardian \_\_\_\_\_

**NON-CONSENT**

I hereby DENY consent to and REFUSE to authorize the use and reproduction by LIFT ME UP! of any and all photographs and any other audiovisual materials of me/my son/daughter/ward for any purpose.

Date \_\_\_\_\_ Consent Signature \_\_\_\_\_

Client/Parent/ or Legal Guardian \_\_\_\_\_

The following is a checklist for you to make sure that we have all the necessary signatures and information on file for you to start volunteer work at Lift Me Up!

**Have you signed the:**

Confidentiality agreement? YES \_\_\_ NO \_\_\_

Accuracy statement? YES \_\_\_ NO \_\_\_

Barn Rules and Regulations? YES \_\_\_ NO \_\_\_

Release, Waiver and Indemnity Agreement? YES \_\_\_ NO \_\_\_

Consent or Non-Consent for

Medical Treatment? YES \_\_\_ NO \_\_\_

Photo Release? YES \_\_\_ NO \_\_\_

Did you give us your complete mailing address to include city, state and zip?

YES \_\_\_ NO \_\_\_

Is the Emergency Medical Treatment Form completed, to include phone numbers?

YES \_\_\_ NO \_\_\_

THANK YOU SO VERY MUCH!