



Horse N Around TRC Volunteer Form and Health History



General information

Name: _____ email: _____ Date: _____

Address: _____

Employer/School: _____

Work
Address: _____

Date of Birth: _____

Phone: (H) _____ (W) _____

Parent/Legal Guardian Name and
Address: _____

How did you learn about the
program? _____

Recent medical tests: Last Tetanus Shot: _____ Tuberculosis Test + -- Date: _____
(Consult your physician or local health department if you are not up to date with these shots/tests)

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies:

Medications:

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: _____

(volunteer/staff; signed in presence of center staff) _____

"WARNING"

Under SC Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities.
-Chapter 99E of the SC General statutes

Volunteer Form and Health History

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Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Photo Release (please circle)

DO

DO NOT

consent to and authorize the use and reproduction by Horse "N" Around TRC! 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 program.

Signature: _____ Date: _____

I understand and will observe the confidentiality policy of Horse "N" Around TRC program!

Signature: _____ Date: _____

Witness: _____ Date: _____

Liability Release

_____ would like to participate in the Horse "N" Around TRC volunteer program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors or administrators, waive and release forever all claims for damages against Horse N Around TRC!, its Board of Directors, Instructors, Therapists, Aides, Volunteers and Employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in Horse "N" Around TRC! I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I/my child/ my ward should not participate in this center's program.

Date: _____ Consent Signature: _____
Volunteer (if under 18 parent a guardian must sign)

"WARNING"

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-Chapter 99E of the SC General statutes

Horse "N" Around Therapeutic Riding Center

Authorization for Emergency Medical Treatment Form

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of Kasie and Marcus Trivett, I authorize Horse N Around Therapeutic Riding Center, Inc. to:

- Secure and retain medical treatment and transportation if needed;
- Release rider records upon request to the authorized individual or agency involved in the medical emergency treatment.

Name (First/Middle/Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact: _____

General Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____

Health Insurance Policy Number: _____

CONSENT / NON-CONSENT PLAN (check one)

I understand that in the event of an emergency I will be taken to the nearest medical facility.

_____ This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will be invoked only if I am incapacitated and unable to provide direction or, if I am not on the premises at the time, cannot be reached.

_____ I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while being on the property utilized by Horse N Around Therapeutic Riding Center. In the event emergency medical aid/treatment is required, I wish the following procedure to take place:

Signature: _____ Date: _____

PrintName: _____

Parent/Guardian Signature (if under 18) _____



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www.horsenarountrc.org
 501©(3)

Horse "N" Around Therapeutic Riding Center and Trivett's Participant - Parent-Guardian Release

The undersigned as a participant/parent(s)/guardian(s) of _____,
 the participant, for and in consideration of the agreement of Horse "N" Around Therapeutic Riding Center and Mr. and Mrs. Marcus Trivett to provide equestrian activities to said participant, does hereby forever release, acquit, discharge, and hold harmless Mr. and Mrs. Marcus Trivett and Horse "N" Around Therapeutic Riding Center, its officers, trustees, agents, employees, representatives, volunteers, successors, assigns, and leasers of program horses and of the facilities where Mr. and Mrs. Marcus Trivett and Horse "N" Around Therapeutic Riding Center operates, for all manner of claims, demands, and damages or every kind and nature whatsoever which the undersigned or said minor may now or in the future have against Mr. and Mrs. Marcus Trivett and Horse "N" Around, its officers, trustees, agents, employees, representatives, volunteers, successors, assigns, and leasers of program horses and the facilities where Mr. and Mrs. Marcus Trivett and Horse "N" Around Therapeutic Riding Center operates on account of any personal injuries, physical or mental condition, known or unknown, to the person of said participant, and the treatment thereof, as a result of, or in any way growing out of the acts of Mr. and Mrs. Marcus Trivett and Horse "N" Around Therapeutic Riding Center, its officers, trustees, agents, employees, representatives, volunteers, successors, assigns, and leasers of program horses and the facilities where Mr. and Mrs. Marcus Trivett and Horse "N" Around Therapeutic Riding Center operates, including but not limited to their negligence or gross negligence, in rendering the services above described or in any way incidental there to.

Print name of participant : _____ Date: _____

Signature _____ Date: _____
 Participant, parent, or legal guardian

Witness _____ Date: _____

Warning: Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or death of a participant in equine activities exclusively from the inherent risks of equine activities.
 Chapter 99E of South Carolina Statutes

VOLUNTEER GUIDLINES

Thank you for deciding to volunteer with Horse N Around TRC. This is a very rewarding position. We have an amazing group of kids, therapist and parents that make up our very family orientated organization. We are a 501C3 and we will be a happy to sign any forms. The following is a list of guidelines that we ask you to please follow. Any concerns or questions please do not hesitate to ask me, Kasie.

-Speed limit 10mph

- Please dress appropriately...no short shorts or spaghetti strap tank tops. Please wear close toe shoes.
- make sure to bring plenty of water and food if staying long. Dress with extra layers and wear gloves for the winter.
- No smoking or use of profanity
- No discussion of politics or religion to families
- No solicitation of business
- When in arena please be aware of other horses working and maintain quiet voices.
- If you need to cancel we ask that you please give us a timely notice. Please check emails in the morning you are coming out to see if we have any changes in schedule.
- No hand treats to horse or putting hand to their muzzle (nose) or face, including while they are in the stall. When in session please do not bang or tap on horses.
- Sessions are confidential, so please no discussion out side of program using specific details or names. If you have questions or interested in knowing more you are welcome to talk with therapist or myself.
- If horse leading your responsibility is the horse and requires horse experience.
- If you are a side-walker your responsibility is the rider, their position and safety. Please never leave the rider!!! You are to always stay at the riders leg. Horses do like you past that position. Also please do not encourage the horse to walk on or to move more forward, that is the leader's responsibility. The instructor and therapist are responsible for communicating with rider. You maybe asked for your assistants in the session. If we have to do an emergency dismount it will be the side-walker on the left hand side that will take the rider off.
- Please understand that you are working with large horses and it is crucial to follow guidelines so that you or the rider does not get hurt.
- We do offer volunteer beginner rides at a discounted rate....see Mr. Marcus.

We have on average 60 kids a week and I cannot be everywhere. Below are some rules we would love for you to help us enforce with our riders and their families.

- Parents are to stay inside black fence line until horse team is ready. Please do not let them inside.

-No smoking

-No running

-Must have parent, therapist, instructor or volunteer with them.

-Make sure riders and siblings stay out of barn unless accompanied by instructor or therapist.

-If a session is still in progress and you see a parent getting out car with their rider please ask them to stay in car or take a walk.

-Make sure no families or riders give treats to any horses!!! No putting hands up to horse's mussel (nose/mouth) or in stalls.

Signature of volunteer or guardian if under 18:

Date:

This program would not be possible with out you and we are very grateful.

God Bless,

The Trivett's and The Horse N Around TRC Crew!!