



VOLUNTEER PACKAGE CHECK LIST

Volunteer Name: _____

Date: _____

Phone #: _____

Email: _____

All of the forms listed below are required to be completed by the volunteer, parent or caregiver, signed and dated as indicated prior to the start of volunteer participation.

- Volunteer Information and Registration Form
- Program Release Authorization
- Confidentiality Agreement
- Authorization for Emergency Medical Treatment Form
- Indemnification & Hold Harmless Agreement

Staff / Office Use Only

Orientation: _____ Date Completed: ___/___/___

Training: _____ Date Completed: ___/___/___

Other: _____ Date Completed: ___/___/___



Volunteer Information & Registration

GENERAL INFORMATION:

Name: _____

Parent / Guardian Address & Phone#: _____

Address: _____

City, State, Zip: _____

Home / Cell Number: _____ Work Phone: _____

E-mail: _____

Date of Birth: ____/____/____ Age: _____ M / F (circle one)

Name of School or Occupation: _____ Year in School: _____
(If applicable)

First Aid certified: Y N Date: ____/____/____

CPR certified: Y N Date: ____/____/____

Have you ever been convicted of a criminal offense? Y N Date: ____/____/____

Please explain: _____

EMERGENCY INFORMATION:

In case of an emergency, who may we contact? Please provide 2 contacts.

Name: _____

Home/Cell Phone Number: _____ Work Phone: _____

Address: _____

City, State, Zip: _____

Relationship to Participant: _____

Name: _____

Home/Cell Phone Number: _____ Work Phone: _____

Address: _____

City, State, Zip: _____

Relationship to Participant: _____



HEALTH HISTORY:

Please describe your current health status. Address your fitness level, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies:

Medications:

Volunteers are a vital part of the program. Most of our riders have a need for consistency and have difficulty with change. Therefore, we encourage volunteers to have a consistent schedule in the day(s) and hour(s) they volunteer. The staff understands that your time is valuable, and we are willing to be flexible with scheduling in order to facilitate our program needs.

Check the areas in which you are interested in volunteering:

PROGRAMS:

Horse Handling ** Please Describe your Horse Experience:

- Side walker with a rider
- Session Leader - Assist in organizing & helping with therapeutic riding classes
- Interested in becoming a Certified PATH International Instructor



Administration:

- Photography / Videographer

Special Events:

- Fund Raising
 Horse Shows

Program Release Authorization:

Please check the box below to grant / deny permission and authorization to Medina Creative Therapy Ranch of any and all photographs, any audio / visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of this program.

- I DO CONSENT
- I DO NOT CONSENT

Do you have any questions or concerns you would like to discuss that may impact your ability to perform any volunteer activities?

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WARNING OF LIABILITY:

Under Ohio law, an equine activity sponsor, equine activity participant, equine professional, veterinarian, farrier, or other person is not liable in damages in a tort or other civil action for harm that an equine activity participant allegedly sustains during an equine activity and that result from an inherent risk of an equine activity, pursuant to Ohio Revised Code Annotated §2305.321 (2001)



CONFIDENTIALITY AGREEMENT:

I understand that all the information (written and verbal) about participants at this Path International center is confidential and not to be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

I affirm that the information provided above is accurate to the best of my knowledge. I know of no reason(s) why I should not participate in this center's program.

Date: ____/____/____

(Printed Name)

(Signature)

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participation in equestrian activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence of Medina Creative Accessibility and its affiliated organizations, owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that equestrian activities involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death and property damage. Risks include, but are not limited to, death, paralysis or serious injury as a result of falls while riding horses; broken bones, bruises and other bodily injuries caused by contact with horses, such as being bitten by, kicked by or stepped on by horses; medical considerations resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential quality of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity or my use of their equipment or facilities arising from negligence.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage to myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created directly, or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

_____ Initials & Date

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT
(Continued)

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of my claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Date: ____/____/____

Phone #: (____) _____

Printed Name

Signature

Address:

City / State / Zip

PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)

In consideration of (print Minor's name) _____ being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Date: ____/____/____

Parent / Legal Guardian - Printed name

Parent / Legal Guardian - Signed name

(If notarization is necessary, please sign and stamp this side of form.)



Authorization for Emergency Medical Treatment Form

Participant

Staff

Volunteer

(Circle one)

Name: _____

DOB: ____/____/____ Age: _____ M / F (circle one)

Phone Number: _____ Cell #: _____

Street Address / City: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Carrier: _____

Policy#: _____

Allergies to Medications: _____

Current Medications: _____

In the Event of an Emergency Contact:

Name: _____

Home Number: _____ Cell Phone: _____ Work Phone: _____

Relationship to Participant: _____

Name: _____

Home Number: _____ Cell Phone: _____ Work Phone: _____

Relationship to Participant: _____



CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of an Emergency medical aid or treatment is required due to an illness or injury during the process of volunteering, receiving services, or while being on the property of the agency, I authorize Medina Creative Therapy Ranch 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.

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

I **DO** Consent Signature: _____

Date: ____/____/____

Volunteer, Parent or Legal Guardian

NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT

I **DO NOT** give my consent for emergency medical treatment or aid in the case of an illness or injury during the process of volunteering, receiving services, or while being on the property of the agency. The Parent or Legal Guardian *will remain on site at all times* during the equine assisted activity. In the event emergency treatment or aid is required, I wish the following procedure to take place:

Non- Consent Signature: _____

Date: ____/____/____

Volunteer, Parent or Legal Guardian