



Horsin' Around



A non-profit therapeutic riding program

1032 John Carter Road · Bloomingdale, GA 31302 912-748-7917

Volunteer/Staff Information Form and Health History

General information

Name: _____ 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: _____

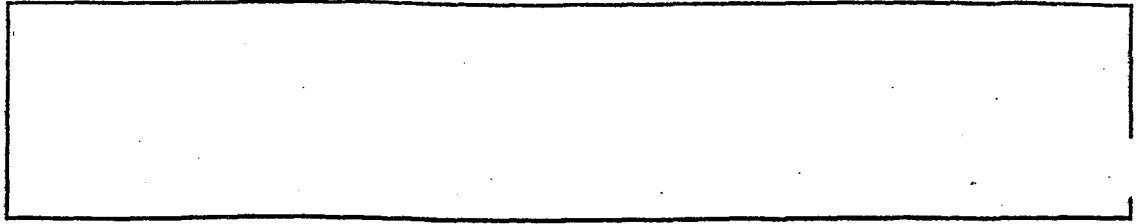
Check which areas you are interested in:

- | | | | |
|---|---|--|--|
| <u>Program</u> | <u>Special Events</u> | <u>Administration</u> | |
| <input type="checkbox"/> Horse handling | <input type="checkbox"/> Horse Show | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Photography/Video |
| <input type="checkbox"/> Sidewalking with a student | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Budget & Finance |
| <input type="checkbox"/> Stable management | <input type="checkbox"/> Special Olympics | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Future Planning |
| <input type="checkbox"/> Facility Repairs | <input type="checkbox"/> Trail Rides | <input type="checkbox"/> Volunteer Recruitment | |

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)



Volunteer/Staff Information Form and Health History - Page 2

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Photo Release

- I DO
 DO NOT

consent to and authorize the use and reproduction by _____
(NARHA center) 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: _____

Confidentiality Agreement

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

Signature: _____ Date: _____
(volunteer/staff)



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Authorization for Emergency Medical Treatment Form

Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current 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 _____ to:
(Center's Name)

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
Signed in presence of center staff

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
Signed in presence of center staff

A COPY OF THE COMPLETED MEDICAL/HEALTH HISTORY SHOULD BE ATTACHED TO THIS FORM.

CLARK'S RIDING LESSONS & TRAIL RIDES, INC.
HORSIN ' AROUND, INC.
1032 JOHN CARTER ROAD BLOOMINGDALE, GA 31302

RELEASE OF LIABILITY & HOLD HARMLESS AGREEMENT

ACKNOWLEDGEMENT OF RISK & ACCEPTANCE OF RESPONSIBILITY

I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors. Knowing of the inherent risk, danger and rights involved in the activities, I certify that myself and my family, including any minor children, are fully capable of participating in the activities.

I assume full responsibility for my family, visitors, invitees and myself, including any minor children, for bodily injury, death, loss of personal property and expenses thereof.

This is a release, hold harmless and indemnification of the undersigned in favor of Judith A. Clark, Gary L. Clark for Clark's Riding Lessons & Trail Rides, Inc. and Horsin' Around, Inc. and/or their agents, family and employees shall constitute the best evidence of my agreement of offered as evidence in any court proceeding.

I, _____
have read and understand fully the agreement above.

Signature _____

Date _____

HORSIN' AROUND, INC.
CLARK'S RIDING LESSONS AND TRAIL RIDES, INC.
RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

ACKNOWLEDGEMENT OF RISK
AND
ACCEPTANCE OF RESPONSIBILITY

DATE: _____

WARNING!
**UNDER GEORGIA 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 FROM THE INHERENT RISKS OF EQUINE ACTIVITIES,
PURSUANT TO CHAPTER 12 OF TITLE 4
OF THE OFFICIAL CODE OF GEORGIA.**

The undersigned(s) recognizes that there is a significant element of risk in any adventure, sport or activity associated with the outdoors, including equine activities. Knowing of the inherent risk, danger and rights involved in such activities, I certify that myself, my family, and including any minor children ("Releasers") are fully capable of participating in the activities.

Therefore, for and in consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration, including use of the equipment and participation in the programs, facilities, and/or services offered by or through Clark's Riding Lessons and Trail Rides, Inc. ("Clark's Riding") and Horsin' Around, Inc. ("Horsin' Around") (Clark's Riding and Horsin' Around being hereafter collectively referred to as "Clark's/Horsin'"), the receipt and sufficiency of which are hereby acknowledged, the undersigned(s) hereby expressly agrees that the Releasers' use of equipment and participation in the programs, facilities and services offered by Clark's/Horsin' shall be undertaken at the Releasers' sole risk. The undersigned(s) hereby represents that all Releasers are physically

able to participate in the programs, facilities and services offered by or through Clark's/Horsin' and the use of any of its equipment, facilities and/or services. On behalf of all Releasors and their heirs, successors, assigns, and family members, the undersigned(s) hereby expressly agrees that Gary L. Clark, Judith A. Clark, Clark's/Horsin' (Gary L. Clark, Judith A. Clark, and Clark's/Horsin' being hereafter collectively referred to as the "Clark Parties"), and private landowners whose land is used by Clark's/Horsin' for lessons or trail riding (hereafter the "Private Landowners") shall not be liable to the Releasors and their heirs, successors, assigns and family members for any claims, demands, injuries, damages, actions, causes of action, or liabilities whatsoever arising out of, or connected with Clark's/Horsin' and/or the use by any of the Releasors of Clark's/Horsin's equipment, facilities, services, and/or programs. The undersigned(s), on behalf of herself and all Releasors, and their respective heirs, assigns, and family members, hereby expressly releases and discharges the Clark Parties and Private Landowners, and their respective officers, employees, directors, agents, volunteers, instructors, staff, shareholders, heirs, successors, administrators, and assigns (collectively the "Releasees") from any and all liabilities for such claims, demands, injuries, damages, actions, causes of action, or liabilities, including liabilities for any and all acts of active or passive negligence.

Releasors, including the undersigned(s), shall indemnify and hold harmless the Releasees and their respective directors, officers, employees, agents, volunteers, instructors, staff, shareholders, heirs, successors, administrators and assigns from and against any and all claims, demands, injuries, actions, causes of action, attorneys' fees, and expenses of whatever kind and nature, arising out of or in connection with participation by Releasors in the services and programs, or use by Releasors of any of the equipment, facilities or premises provided by or through Clark's/Horsin', or which are otherwise released herein.

By the execution of this document, the undersigned(s) assumes full responsibility for his/her family, visitors, invitees, and himself/herself, including any minor children, for bodily injury, death, and loss of personal property and expenses thereof.

This is a release, hold harmless and indemnification of the undersigned and all Releasers in favor of all Releasees and shall constitute the best evidence of my agreement if offered as evidence in any court proceedings.

I/we represent that I/we are all of the parent(s) or legal guardian(s) of the minor children listed below, and that I/we have read, understand and fully agree to the terms of this Agreement.

PLEASE PRINT NAME(S) OF MINOR CHILDREN PARTICIPATING IN ACTIVITIES:

HELMET:
Offered: _____
Used: _____
Refused: _____

Signature: _____ L.S.

Address: _____

Telephone: _____

Signature: _____ L.S.

Address: _____

Telephone: _____