

Equi★Star Therapeutic Riding Center, Inc.

2199 Fuller Road, PO Box 25 Burt NY 14028
www.equistartheranch.org

716-778-8249

Equi★Star, Inc.



Therapeutic Riding Center

2010 Volunteer Training Certification & Release Form

Name	Birthdate	Age			
Home Address/PO Box	Home Phone				
Home City, Zip					
Work Address, City, Zip (if applicable)	Work Phone (if applicable)				
Parent/Guardian Name (if you are under 18)	School (if you are a student)				
Physician	Physician Phone Number				
Emergency Contact Person/Relationship to Volunteer	Emergency Contact Phone Number				
Any physical limitations you may have:					
How did you learn about Equi★Star?					
<p>Check areas you are interested in:</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p><u>Program Volunteer</u></p> <p><input type="radio"/> Leading a Horse</p> <p><input type="radio"/> Sidewalking</p> <p><input type="radio"/> Assist Tack Manager</p> <p><input type="radio"/> Assist Horse Groomer</p> <p><input type="radio"/> Hay—Pick-Up/Unloading</p> </td> <td style="vertical-align: top;"> <p><u>Competition/Events</u></p> <p><input type="radio"/> Home Horse Show</p> <p><input type="radio"/> Away Horse Show</p> <p><input type="radio"/> Ride-A-Thon</p> <p><input type="radio"/> Special Olympics</p> <p><input type="radio"/> Open House</p> </td> <td style="vertical-align: top;"> <p><u>Administration</u></p> <p><input type="radio"/> Public Relations</p> <p><input type="radio"/> Fund Raising</p> <p><input type="radio"/> Newsletter</p> <p><input type="radio"/> Volunteer Recruitment</p> <p><input type="radio"/> Photography/Video</p> </td> </tr> </table>			<p><u>Program Volunteer</u></p> <p><input type="radio"/> Leading a Horse</p> <p><input type="radio"/> Sidewalking</p> <p><input type="radio"/> Assist Tack Manager</p> <p><input type="radio"/> Assist Horse Groomer</p> <p><input type="radio"/> Hay—Pick-Up/Unloading</p>	<p><u>Competition/Events</u></p> <p><input type="radio"/> Home Horse Show</p> <p><input type="radio"/> Away Horse Show</p> <p><input type="radio"/> Ride-A-Thon</p> <p><input type="radio"/> Special Olympics</p> <p><input type="radio"/> Open House</p>	<p><u>Administration</u></p> <p><input type="radio"/> Public Relations</p> <p><input type="radio"/> Fund Raising</p> <p><input type="radio"/> Newsletter</p> <p><input type="radio"/> Volunteer Recruitment</p> <p><input type="radio"/> Photography/Video</p>
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- Volunteers ***MUST*** complete general training ***BEFORE*** volunteering as a side walker.
- Volunteers ***MUST*** complete general training & horse handler training ***BEFORE*** volunteering as a horse handler.
- Volunteers should arrive 15 minutes before class begins.
- Volunteers should arrange to be picked up as soon as possible after class.
- Parents should not drop their children off unless there is an instructor or staff person on site.
- All barn rules need to be learned and followed carefully at all times for safety of riders, volunteers & horses.
- Riders, volunteers, horses and staff must be treated with respect.
- For the safety of riders and volunteers, we may do random background checks on volunteers.

This volunteer in the Equi★Star, Inc. Therapeutic Riding Center for the Handicapped Program has read, completed, agrees to and understands the expectations and volunteer training required.

Date _____ Volunteer Signature _____

Parent/guardian signature if volunteer under 18 _____

Over

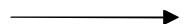


PHOTO RELEASE:

I consent to and authorize the use and reproduction by Equi★Star, 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 the program.

DATE _____ SIGNATURE _____

DATE _____ P/G SIGNATURE _____
(Signature of parent/guardian if volunteer is under 18 years of age)

VOLUNTEER LIABILITY RELEASE:

As a volunteer at Equi★Star, Inc. I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients I work with 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 Equi★Star, Inc., the owners of the horses used in the program, and the owners of the farm where the program is located, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in the Equi★Star, Inc. Therapeutic Horseback Riding Program.

DATE _____ SIGNATURE _____

DATE _____ P/G SIGNATURE _____
(Signature of parent/guardian if volunteer is under 18 years of age)

RELEASE OF CLAIM:

The instructors, officers, directors, volunteers of Equi★Star, Inc., horse owners and the owner of the riding facility are hereby released, acquitted and discharged from any claim for damage or suit by reason of any injury, illness, or damage to person or property during the course of Equi★Star activity. This includes transportation to or from the facility. In that regard, I hereby covenant on my own behalf not to file a claim or bring a suit with respect to any injury.

DATE _____ SIGNATURE _____

DATE _____ P/G SIGNATURE _____
(Signature of parent/guardian if volunteer is under 18 years of age)

EMERGENCY MEDICAL RELEASE:

In the event of any emergency, the undersigned authorizes any licensed physician and/or emergency medical personnel to provide the necessary care for the undersigned (or the dependent volunteer under the age of 18), pending receipt of specific consent from the undersigned or his/her legal representative.

DATE _____ SIGNATURE _____

DATE _____ P/G SIGNATURE _____
(Signature of parent/guardian if volunteer is under 18 years of age)