



Volunteer Registration & Release Form

PLEASE PRINT

Name: _____ Date of Birth: ____ / ____ / ____

Street: _____ City: _____

State: _____ Zip: _____

Phone: Home: _____ Cell: _____ Text OK? Yes ____ No ____

Email: _____

For volunteers under 18 years of age please complete the following:

Age (if under 18) _____

Name of Parent/Guardian you live with: _____

Phone: Home: _____ Cell: _____

Place of employment/School: _____ Occupation: _____

Reference (non relative) _____

Reason for Volunteering: Personal Fulfillment ____ School Requirement: ____

Court Ordered ____ Other _____

How did you hear about Beyond Limits?

**Beyond Limits Therapeutic Riding, Inc.
Release of Liability**

Name of Rider and/or Volunteer: _____

Beyond Limits Therapeutic Riding, Inc., (BLTR) its officers, members, employees, instructors (Kristen Moreland and Kristina Meyer) and agents (including other riders) will not be responsible for any damages to person, animal or property at the BLTR riding facility or its grounds or at any BLTR activities at other locations. Nor will BLTR be responsible for any property lost, damaged or destroyed. The undersigned rider and/or volunteer or parent/guardian hereby releases BLTR, its officers, members, employees, instructors and agents from ANY and ALL liability and claims of any nature whatsoever including taking any action to control, restrain, or confine the undersigned, for the safety or protection of the undersigned or others and any damages whatsoever (including costs, expenses and attorney's fees) that might result from damages, injuries or losses to their person or property during, or in connection with, or arising out of any volunteer activities, rider work, class, lesson, demonstration, show, clinic, event, function or any activity whatsoever, whether or not such damages, injuries or losses result directly or indirectly from the negligent act or omission or of any intentional or willful act or tort of such released parties or of any invitee of any released party.

WARNING: UNDER GEORGIA LAW, ANY EQUINE ACTIVITY SPONSOR OR EQUINE ACTIVITY PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE OR ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 12 OF TITLE 4 OF THE OFFICAL CODE OF GEORGIA ANNOTATED.

I have read and understand the Georgia Equine Liability Law. I agree that my use of the premises, and any animals, facilities or equipment is at my OWN risk. I further agree to indemnify and hold harmless BLTR, its respective officers, any and all property owners, employees, volunteers and tenants harmless from any and all suits, actions, costs, claims and liabilities of any kind arriving out of my use of the facility, premises, or participation in an equine activity, any animal activities at the facility or at another location with facility animals, any horse, dog, pony, cat, or animal on the property, living at visiting or boarding at the facility or of such use or participation by my guest, whether or not such claims result directly or indirectly from negligent act or omissions of the indemnified parties or otherwise. As a consideration for my visiting the facility or any BLTR Inc. activities at other locations, I assume any risk of damage to property, animal, injury or death to myself, or anyone visiting the facility with me. I understand there are certain risks inherent with handling animals and I accept those risks. I also acknowledge that horseback riding, and any involvement with horses, is a high-risk activity. I am participating at my own risk. I have read this agreement and fully understand its content.

Release of Liability AGREED: _____ **Date:** _____
Signature of adult rider and/or volunteer, or parent/guardian of minor rider and/or volunteer

PHOTO/VIDEO RELEASE

Name of Participant: _____

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants BLTR permission to take, or have taken, still and moving photographs and films of the above named Participant, including television pictures, and consents and authorizes BLTR, its advertising agencies, news media, and any other persons interested in BLTR and its work, to use and reproduce the photographs, films or pictures, and to circulate and publicize the same by all means, including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books, and clinical materials. With respect to the foregoing matters, no inducements or promises have been made to secure this signature to this release other than the intention of BLTR to use, or cause to be used, such photographs, films, and pictures for the primary purpose of promoting BLTR and its work.

I GIVE consent to Photo/Video: _____ **Date:** _____

Signature of adult Participant, or parent/guardian of minor Participant

I DO NOT give consent Photo/Video: _____ **Date:** _____

Signature of adult Participant, or parent/guardian of minor Participant

Beyond Limits Therapeutic Riding, Inc.

Confidentiality

POLICY OF CONFIDENTIALITY: Confidentiality is defined as “told in secret or private relations; trusted.” Any information in regards to the participants (clients) at Beyond Limits Therapeutic Riding, Inc. must be held in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the most basic responsibilities of our facility. Failure to abide by this policy may diminish the quality of the services we provide and result in legal ramifications. I have read and understand Beyond Limits Therapeutic Riding, Inc. Policy of Confidentiality and agree to abide by same.

Signature of Volunteer

_____ Date: _____

Signature of Parent/Guardian if volunteer is under 18 years of age (If volunteer is under 18 years of age, both signatures are required.

_____ Date: _____

Participant's Authorization for Emergency Medical Treatment

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 Beyond Limits Therapeutic Riding, Inc. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the emergency medical treatment at my expense.

I hold Beyond Limits Therapeutic Riding, Inc. harmless for any expenses incurred in my interests.

Participant: _____

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Physicians Name: _____ Phone: _____

Dentists Name: _____ Phone: _____

Preferred Medical Facility: _____ Phone: _____

Health Insurance Carrier: _____ Policy #: _____

Date of last Tetanus Shot: _____

Please indicate any allergies:

Please indicate any disability, limitations or medical conditions that may affect your riding lessons that we should be aware of:

CONSENT PLAN (to be invoked in the event that your Emergency Contact cannot be reached) I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) in the event of illness or injury while on the property of the agency. The undersigned hereby agrees to pay all fees and expenses of doctors, hospitals, ambulances and any other medical or dental expenses incurred.

Print Name: _____ Phone: _____

Consent Signature: _____ Date: _____
(Participant or Parent/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 procedure to take place:

Non-Consent Signature: _____ Date: _____
Participant if over 18 or Parent/Legal Guardian

Print Name: _____ Phone: _____

PARTICIPANT HEALTH HISTORY

Participant: _____ Date of Birth: _____

Health History

Please describe you/your child’s current health status, particularly regarding the physical/emotional demands of participating in an equine program. Specify if there are issues with fitness, cardiac, respiratory, bone or joint function, recent hospitalizations or surgeries.

Allergies (Medications, Food, Environmental (e.g. bees, horses, hay, grasses etc...))

Current Medications (Any side effects: behavior, energy level, sun exposure etc...)

I give my permission for Beyond Limits Therapeutic Riding, Inc. staff to give allergy medicine (such as Benadryl) to my child or myself, if they are/I am exhibiting signs of an allergic reaction to the horses or the stable environment.

Yes _____ No _____

Signature: _____ Date: _____
(Participant if over 18 or Parent/Guardian)

Please Complete

Are you current CPR & First Aid Trained? _____ Issue Date: _____

Drivers license # _____ State _____

Have you ever been convicted of a criminal offense? Yes _____ No _____

If yes, please explain _____

Upon request, you may be asked to submit an application for a criminal background check. The above information may be verified, and I give permission to make inquiry of others concerning my suitability to act as a volunteer at Beyond Limits Therapeutic Riding, Inc.

Signature of Volunteer

_____ Date: _____

Signature of Parent/Guardian if volunteer is under 18 years of age (If volunteer is under 18 years of age, both signatures are required.)

_____ Date: _____

Beyond Limits Therapeutic Riding, Inc.

General Volunteer Information

1. Please tell us of your experience with:

Horses: _____

Leading Horses and/or Sidewalking:

People With Disabilities:

2. Your Volunteer Interests:

Lesson Program Volunteer

_____ Sidewalking _____ Horse Leading (must have horse experience)

_____ Coordinator (grooms & tacks horses for lessons)

Equine Program Volunteer

_____ Horse Care, Feeding, Cleaning Paddocks etc.

Facility/Farm Volunteer

_____ General Maintenance & Repairs _____ Carpentry _____ Equipment Repair

Office Volunteer

_____ Data Entry _____ Reception _____ General Office Support _____ Mailings

Summer Camp Volunteer

_____ Assists with day camp activities

Special Events & Fundraisers Volunteer

_____ Serve on Special Events Planning Committees _____ Assistance Day of an Event

Special Skills Volunteers

Do you have skills, technical/professional experience that would be beneficial to Beyond Limits Therapeutic Riding, Inc.? If so, please check those that apply: _____ Photography _____ Sign Language _____ Cooking/Baking
_____ Public Relations/Outreach _____ Construction _____ Fundraisinug Experience _____ Grant Writing
_____ Computer _____ Graphic Design _____ Other: _____

Please indicate your Volunteer Availability. This will serve as a guideline only. Your actual schedule will be arranged with the Volunteer Coordinator. Please put an X in the days and times you are available to volunteer.

	8-9 a	9-10	10-11	11-12	12-1p	1-2	2-3	3-4	4-5	5-6	6-7
Sun											
Mon											
Tue											
Wed											
Thurs											
Fri											
Sat											

I would like to commit to a regular day/time: _____ YES _____ NO

I cannot commit to a regular day/time right now, but would like to be a substitute _____YES_____ NO

In addition to my regular hours (if applicable), I am available to substitute the following day(s)/time(s):

Thank you for taking the time to answer this questionnaire. Your responses provide useful information to help us better assess our volunteer corps, as well as select the best assignment for you. If, at any time, you would like to change your time, day, or job assignment, please let us know.

Thank you for taking the time to complete this registration package and release form. We look forward to working with you!

If you have ANY questions on any information contained in this packet, please feel free to email us at info@beyondlimitsriding.org or you can contact the business office at 770-917-5737