

## Volunteer Packet Cover Page

Please select in what capacity you would like to volunteer

Sidewalker \_\_\_\_\_  
 Horse leader \_\_\_\_\_  
 Riding horse-schooling and exercise \_\_\_\_\_  
 Marketing and Publicity \_\_\_\_\_  
 Event planning and fund raising \_\_\_\_\_  
 Volunteer Training leader \_\_\_\_\_  
 Horse Trainer \_\_\_\_\_  
 Photography and video \_\_\_\_\_  
 Website design and maintenance \_\_\_\_\_  
 Film and YouTube editing \_\_\_\_\_  
 PT/OT/Psychologist Consultant \_\_\_\_\_  
 Facilities repair and maintenance \_\_\_\_\_  
 Accounting \_\_\_\_\_  
 Creating DVDs \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Age: \_\_\_\_\_

Do you have medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have medical impairments making it unsafe for you to work with a horse (example: problems walking or lifting)

Yes \_\_\_\_\_ Type of impairment \_\_\_\_\_.

No \_\_\_\_\_

Are you available for a series of four consecutive once weekly sessions with a client? Yes \_\_\_\_\_. No \_\_\_\_\_.

Please indicate your availability by circling the day and time of day that you are available on the next page.

**Dream Rider Equestrian Therapy Scheduling Form**  
**Volunteer's Name** \_\_\_\_\_

**Please mark the Days and the hours of the day that you are available to either attend sessions or exercise a horse:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning						
Midday						
Afternoon						

**I am definitely not available on the following days**

**Comments** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I am available weekends during these months**

**Comments** \_\_\_\_\_  
 \_\_\_\_\_

**I can commit to a client for 4 weekly sessions**

**Comments** \_\_\_\_\_  
 \_\_\_\_\_

**If you wish only to be a horse exerciser, you must complete the medical liability form and the Release and hold harmless form. If you are a minor, your parent or legal guardian must complete the forms and provide details about your medical insurance.**

**Continue**

## Dream Rider Equestrian Therapy

### Volunteer Registration & Release Form

#### Registration

Client: \_\_\_\_\_ Date of Birth \_\_\_\_\_ : \_\_\_\_\_  
 Age: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_  
 Parents  
 or Guardian/Partner/Spouse: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work/ \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email: \_\_\_\_\_

In case of emergency

Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_

#### Photo Release

I hereby consent to and authorize the use and reproduction by Dream Rider Equestrian Therapy of any and all photographs and any other audiovisual materials taken of me/ my son/ my daughter/ my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Volunteer, Parent or Guardian

#### Non-Consent of Photo Release

I do not consent or authorize the use and reproduction by Dream Rider Equestrian Therapy of any photograph or audiovisual materials taken of me/my son/ my daughter/ my ward for promotional or printed material or for any other use.

Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Volunteer, Parent or Guardian

**DREAM RIDER EQUESTRIAN THERAPY  
VOLUNTEER RELEASE AND HOLD HARMLESS AGREEMENT**

Dream Rider Equestrian Therapy provides therapeutic horseback riding for people with disabilities. Horseback riding is a risk exercise, so volunteers and horses are carefully selected and trained and safety equipment is required for all riders.

No client will be accepted for riding instruction and no volunteer, participants accepted for service until this form has been **READ, UNDERSTOOD, COMPLETED AND SIGNED** by the parent(s) or guardian(s) of a minor or by the client or volunteer if of legal age and sound mind.

Although participation in the **Dream Rider Equestrian Therapy** program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved in riding and working around horses, including bodily injury from riding or being in close proximity to horses, among other risks, and further that both horse and rider can be injured in normal use, or schooling. In order to provide this valuable service, NO LIABILITY can be accepted neither by the **Dream Rider Equestrian Therapy** program, nor by any of the organizations or persons connected with the above-named facility.

**IN CONSIDERATION** for the privilege of riding and/or working around horses at the **Dream Rider Equestrian Therapy** program, the undersigned, as self or as parent or guardian of a minor participating in the program, jointly and severally do hereby agree to release, hold harmless and indemnify the **Dream Rider Equestrian Therapy** program, its officers, directors, trustees, agents, employees, representatives, successors and assigns, Catherine Hand, head instructor and president, from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including, but not limited to reasonable attorneys' fees, which the undersigned or said minor may now or in the future have against the **Dream Rider Equestrian Therapy** program, its officers, directors, trustees, agents, employees, representatives, successors and assigns, on account any accident, damage, injury or illness, physical or mental condition, known or unknown, to the undersigned or said minor, or the treatment thereof, arising as a result of, or in any way connected to acts or incidents occurring at or relating to the **Dream Rider Equestrian Therapy** program, its officers, directors, trustees, agents, employees, representatives, successors and assigns, and Catherine Hand, president, including but not limited to their negligence or gross negligence in rendering services described above or in any way incidental thereto.

The undersigned further agrees to use only those facilities of Dream Rider Equestrian Therapy and will not remove horses or property from the facility without authorization of the management.

VOLUNTEER'S NAME (PLEASE PRINT)

\_\_\_\_\_  
PARENT/ GUARDIAN/SPOUSE/PARTNER NAME (PLEASE PRINT) RELATIONSHIP TO VOLUNTEER

\_\_\_\_\_  
SIGNER'S ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
SIGNATURE: PARENT OR LEGAL GUARDIAN

DATE \_\_\_\_\_

### Volunteer Authorization for Emergency Medical Treatment Form

In the event emergency treatment/medical aid is required due to illness/injury during the process of receiving services, or while being on the property of the agency, I authorize the Dream Rider Equestrian Therapy 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 medical emergency treatment.

Volunteer's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_

Allergies: \_\_\_\_\_

**In the event I cannot be reached,**

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_

Policy #: \_\_\_\_\_

**Consent Plan**

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

Date: \_\_\_\_\_

Consent Signature: \_\_\_\_\_

Client, Parent or Guardian (if under 18): \_\_\_\_\_

Print name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_

**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:

\_\_\_\_\_

Client, Parent or Guardian (if under 18): \_\_\_\_\_

Print Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

# *Dream Rider*

## **New Volunteer Visitor Liability Release**

Event: New Volunteer Training

- Equine Rehabilitation for post-treatment breast cancer survivors.

Date: \_\_\_\_\_

I, the undersigned, understand that my participation and the participation of any members of my family in the programs and functions of Dream Rider Equine Rehabilitation Activity Program referred to as "Dream Rider" is completely voluntary, and I hereby give permission for myself and my family to join in those functions and programs. My family shall hold harmless the founder and instructor at Dream Rider, Catherine Hand and all volunteers or representatives, and/or the providers of any functions or program location and/or materials from any liability and/or responsibility for any accident, illness, or injury that occurs during or as a result of any function or program. I accept that the final responsibility for my safety and that of my family rests with me. I understand the risks involved in working with horses and agree to wear appropriate shoes, (no sandals) leg covering and headgear to protect myself from the sun and to be safe around the horses. I will not bring any pets, unregistered guests, or young children to these activities where the person in charge of conducting activities cannot monitor them.

Names, ages, phone numbers and email address of persons attending an introductory meeting held at the home of **Catherine Hand at 543 Anderson Rd. Alpine, CA 91901**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Participant's Signature

\_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian's

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Dream Rider Equestrian Therapy Riding Program

### Minor Volunteer's Parent Information and Release Form

Parent's/Grandparent's Name:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

Are you a parent of a volunteer/ rider? \_\_\_\_\_

Your child's name: \_\_\_\_\_

Check which activities you approve for you child's participation:

#### **Minor Program Volunteer**

Leading a horse \_\_\_\_\_

Sidewalking with a student \_\_\_\_\_

Assisting during a lesson \_\_\_\_\_

Grooming a horse \_\_\_\_\_

Riding a horse \_\_\_\_\_

#### **Photo Release**

I consent to and authorize the use and reproduction by Dream Rider Equestrian Therapy of any and all photographs and any other audio-visual materials taken of me or my child for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_

#### **Parent/Volunteer Liability Release**

As a volunteer at Dream Rider Equestrian Therapy Program, 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 Dream Rider Equestrian Therapy and the center's director, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in the Dream Rider Equestrian Therapy Program's activities.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Your child's name \_\_\_\_\_