

VOLUNTEER INFORMATION - SHORT FORM

Name _____ Address _____
 City _____ State _____ Zip _____ Date of Birth _____
 Cell Phone _____ Home Phone _____ Email _____
 Employer/School/Club _____

Would you be interested in volunteering with Stirrups 'n Strides on a regular basis? Yes No, not at this time

CONFIDENTIALITY AGREEMENT: I understand that all information (written and verbal) about participants at Stirrups 'n Strides is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor. **INITIALS»** _____

CONSENT TO PHOTOGRAPH: I DO DO NOT consent to and authorize the use and reproduction of all photographs and audio/visual materials taken of me at Stirrups 'n Strides events, classes, or volunteer projects for promotional, educational or any use to benefit of the Stirrups 'n Strides Therapeutic Riding Center. **INITIALS»** _____

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EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____
 Cell Phone # _____ Home Phone # _____
 Physician's Name _____ Physician's Phone # _____
 Health Care Insurance Provider _____ Policy # _____
 Preferred Medical Facility _____

In case of an emergency, the undersigned authorizes Stirrups 'n Strides Therapeutic Riding Center, Inc. to provide such medical assistance as they determine to be necessary. In the event that the preferred physician cannot be reached, the undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the participant, including anesthetic, which they determine necessary or advisable, pending receipt of a specific consent from the undersigned. **INITIALS»** _____

RELEASE OF LIABILITY: WARNING – UNDER FLORIDA LAW, STATUTE #773.01-773.05, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. The undersigned hereby releases Stirrups 'n Strides Therapeutic Riding Center Inc. from all liabilities arising out of an occurrence which results in injury, loss and/or damage to the volunteer, personnel, horse and/or equipment. Additionally, the undersigned prohibits any relative, representative, and/or agent from seeking relief for any damages from Stirrups 'n Strides Therapeutic Riding Center, Inc. on behalf of the undersigned.

VOLUNTEER NAME (Please print) » _____

VOLUNTEER SIGNATURE » _____ **DATE»** _____

PHOTO ID check: Yes Type ID: _____ No: personally known

WITNESS NAME (Please print) » _____

WITNESS SIGNATURE » _____ **DATE»** _____

(WITNESS ONLY required for volunteers 18 and over)

PARENT/GUARDIAN NAME (Please print) » _____

PARENT/GUARDIAN SIGNATURE » _____ **DATE»** _____

(PARENT/GUARDIAN SIGNATURE IN THE PRESENCE OF NOTARY is required for volunteers under the age of 18)

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NOTARY STAMP HERE

Photo ID check: Yes Type ID: _____ No: personally known

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20 ____.

Notary Public State of Florida

SIGNATURE » _____