



4246 W. HWY 318
Citra, FL 32113
Betty Gray, Director

Anita Gossett, Volunteer Coordinator: 352-817-6446
Stirrups 'n Strides Office: 352-591-1042

VOLUNTEER INFORMATION – SHORT FORM

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

STIRRUPS 'N STRIDES LOCATION
Citra/Orange Lake – 4246 W HWY 318
Hillcrest School Ocala – 3143 SE 17th Street

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»

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

STIRRUPS 'N STRIDES WITNESS REQUIRED for volunteers 18 and over (Please print) »

WITNESS SIGNATURE » DATE»

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)

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

NOTARY STAMP HERE

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

Notary Public State of Florida
SIGNATURE »