



Therapeutic Riding Volunteer Application

Name _____ Birth date _____ Sex M F

Mailing Address _____
street address city state zip

Home Phone _____ Cell _____ Work _____ Email _____

Please list any relevant certifications (PSIA, PATH, CPR, etc.) _____

Parent/Guardian Information (for volunteers under 18)

Parents / Legal Guardian _____ Home Phone _____

Mailing Address _____
street address city state zip

Emergency Information

Emergency Contact _____ Relationship _____ Phone # _____

Food/Drug Allergies _____

Existing Conditions/Meds/Physical Limitations _____

Days and Times Available:

Year Round
 Spring
 Summer
 Fall/Winter

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

- I understand that Horses Spirits Healing Inc. staff members have the authority to exclude Volunteers from the program for behavior they deem to be unsafe.
- I give permission for the exchange and release of my medical and confidential information to professionals and staff.
- I give my consent to Horses Spirits Healing Inc. and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for any injury that could arise from participation in equine assisted activities and therapies.

X _____
 Signature of Volunteer/ Parent / Legal Guardian Date

RELEASE OF LIABILITY - THERAPEUTIC RIDING

This release is for the benefit of the Horses Spirits Healing, Inc., its owners, agents, employees, and affiliated organizations, all hereinafter called Horses Spirits Healing, Inc.

I hereby acknowledge that I and/or my legal guardian on my behalf have voluntarily registered to participate in equine assisted activities and therapies with Horses Spirits Healing Inc. In Consideration of being allowed to participate in any way in this program, related events and activities, I and /or my legal guardian on my behalf, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. I and/or my legal guardian on my behalf understand the inherent dangerous risks involved in working with horses. If I and/or my legal guardian on my behalf believe, to the best of my ability, that anything is unsafe, I and/or my legal guardian on my behalf will immediately advise Horses Spirits Healing, Inc. of such condition(s) and refuse to participate.
2. I and/or my legal guardian on my behalf acknowledge and fully understand that I, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further , that there may be other risks not known to me or not reasonably foreseeable at this time. I and/or my legal guardian on my behalf assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

Therefore, I and/or my legal guardian on my behalf agree, indemnify and hold harmless Horses Spirits Healing, Inc. from any and all claims and liability for any damage, accident, injury or death that may occur while in contact with horses at Horses Spirits Healing, Inc. or on Intermountain Equestrian Center property, or any activity associated with Horses Spirits Healing, Inc. except to the extent caused by the gross negligence of Horses Spirits Healing, Inc.

I and/or my legal guardian on my behalf also grant permission to Horses Spirits Healing, Inc. to contact emergency services, including medical doctors, for the purpose of administering aid, if Horses Spirits Healing, Inc. staff determines such services are necessary. I and/or my legal guardian on my behalf agree to pay for such medical and emergency services as invoiced by the provider. I acknowledge that Horses Spirits Healing, Inc. and Intermountain Equestrian Center have no liability for contacting emergency services, and are not obligated to do so. I hereby waive any and all claims, suits and/or demands against Horses Spirits Healing, Inc. arising from or in connection with its contact of emergency and/or medical services on my behalf or failure to contact such services.

I and/or my legal guardian on my behalf hereby acknowledge that I am aware of wearing a helmet and other protective gear during participation in horse activities and accept the risks to myself, my next of kin, heirs, assigns and guardians while participating in horse activities.

I AND/OR MY LEGAL GUARDIAN ON MY BEHALF HAVE CAREFULLY READ THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN HORSES SPIRITS HEALING, INC., INTERMOUNTAIN EQUESTRIAN CENTER, AND MYSELF. I SIGN IT OF MY OWN FREE WILL AND FUTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I FURTHER ACKNOWLEDGE THAT ABSENT MY SIGNATURE ON THIS DOCUMENT I WOULD NOT BE PERMITTED TO PARTICIPATE IN EQUINE ACTIVITIES INVOLVING HORSES SPIRITS HEALING, INC., INTERMOUNTAIN EQUESTRIAN CENTER, IT'S HORSES OR IT'S PROPERTY.

(please print) Name of Participant/Volunteer

Signature of Participant /Volunteer

Signature of Parent or legal Guardian (if applicable)

Date

Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. Photos, audio, or video may be used for the following purposes: social media, publications, and educational or conference presentations.

I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

I also understand that this material has no time restrictions and may be used in diverse educational settings within an unrestricted geographic area.

I understand that no personal information will be used in any publications unless express consent is given.

I also understand that my consent can be withdrawn at anytime in writing to Horses Spirits Healing Inc. at 7256 Highway 3, Billings, MT, 59106.

By signing this form I acknowledge that I have completely read and fully understand the above information and release all audio, and video recording claims against Horses Spirits Healing Inc.

Full Name _____

Signature of Participant or Guardian _____ Date _____

Alternate Option

_____ I do not give consent for the use of my photo, audio, or video recordings

Full Name _____

Signature of Participant or Guardian _____ Date _____

Acknowledgment of Confidentiality and Information Exchange

As a participant or volunteer of Horses Spirits Healing Inc. I agree to hold in strict confidence the personal, financial, referral, and medical information of all other participants, volunteers, and staff. I understand that failure to uphold the above statement could result in dismissal from Horses Spirits Healing programs.

Additionally, by marking below I indicate my preference for the exchange of medical information between staff and medical professionals.

I give consent for pertinent medical information to be exchanged between Horses Spirits Healing staff, and medical professionals.

I do not give consent for pertinent medical information to be exchanged between Horses Spirits Healing staff, and medical professionals.

If an issue were to arise, please refer any questions or concerns to the Program Director.

Signature of Participant or Volunteer

Date

Signature of Parent or Guardian (if applicable)

Date

Barn Rules

General

- Speed limit is 5 mph.
- The barn closes at 8:30.
- This facility prohibits smoking, alcohol, and the use of recreational drugs.
- Weapons are not permitted on property.
- Dogs by special permission only- all non-property animals must be cleared with the Program Director and the facility.
- Please respect all animals on property, including all dogs, cats, and horses.
- All visitors handling horses must sign a liability release.
- Horses being turned out will be supervised by an instructor, or advanced volunteer. Including round pens, arenas, and pastures. Arena turn-outs by special permission only.
- Please do not leave children unattended – no running in alleyways, or around arenas.
- Respect the off-limits areas, and equipment.
 - No climbing on 4-wheelers, haystacks, tractors or any other machines.
- Walk through doors are for humans only; wheelbarrows and horses must go through the roll-up doors.
 - Please knock before opening a door.
 - Wait until roll-up doors are completely open before entering.
- Gates must be closed on all turnouts, round pens and arenas at all times.
- Horses should only be tied to hitch rails, rings in stalls or cross ties in main barn. Do not tie with bridle reins. They should not be tied to hydrants, fences, posts, stall fronts, or stall side panels. Damage will be billed to client at published rates.
- Park in an orderly fashion only in designated areas. Trailers are to be parked south of the turnouts.
- Keep areas in front of barn clear of vehicles.
- Please wear proper attire while participating in program activities.
 - Hard sole-shoes, boots, or sturdy footwear (no steel-toed boots)
 - Jeans or long pants
 - Sleeved shirts (t-shirt, button up, long-sleeve, etc)
 - Avoid jewelry that could become tangled in tack
 - Avoid strong perfumes, or body sprays
- Be sure to sign-in or check-in when arriving for lessons or volunteer time.

I acknowledge I have been given a copy of the Horses Spirits Healing and Intermountain Equestrian Center rules. I have read them and I fully understand that I am responsible for my actions while I am at this facility.

I acknowledge I shall be liable to the Intermountain Equestrian Center for any property damage caused by gross negligence.

Failure to follow the above rules will result in my dismissal from the program.

By signing below, I promise to respect the rules of Horses Spirits Healing Inc. and the Intermountain Equestrian Center.

Name (print): _____

Signature: _____

Date: _____

Volunteer Responsibilities & Agreement Form

Volunteers Agree to:

- Complete all paperwork accurately
- Adhere to PATH standards and safety rules
- Support the Horses Spirits Healing Inc. Equine Therapy Program's vision and mission
- Maintain strict confidentiality, particularly regarding any and all medical, social, referral, personal, and financial information, written and/or verbal about participants and other volunteers. Understand that we are here to serve the Veteran and special needs populations, we are not set up to offer riding lessons to the general public
- Commit to and keep all appointments, contacting the Instructor with any schedule conflict at least 24 hours prior. Respect lesson times and only visit during scheduled sessions or times agreed upon with a staff member
- Arrive on time (20 minutes prior to scheduled lesson) and stay until lesson and clean up are complete. Stay within the therapeutic working area including:
 - The Tack Shed
 - Riding Arena
 - Main Barn
 - Volunteer Office
- Volunteer will conduct themselves in a professional manner at all times and refrain from using offensive or inappropriate language and conduct
- Abide by Horses Spirits Healing and Intermountain Equestrian Center rules and safety regulations
- Perform all assigned tasks to the best of your ability and not under the influence of alcohol and/or drugs
- Be courteous and respectful to the public, volunteers, employees, and treat with courtesy each individual with whom you come in contact regardless of race, color, religion, age, gender, sexual orientation or national ancestry
- Be supportive of the instructors and their activities at all levels

Volunteer Responsibilities and Duties:

- Complete volunteer training and sign all needed forms
- May possibly be asked to assist riders weighing up to 200 pounds
- Be willing to be outdoors in many types of weather
- Be able to follow direction from instructor in a fast paced setting
- May walk 45+ minutes in a sand arena and jog for short distances
- Program volunteers work under the direct supervision of a PATH certified Instructor
- Prepare, groom and tack horses for scheduled lesson
- Dress safely and appropriately
- Promote rider independence and success
- Alert the instructor of any safety concerns
- Assist instructor in maintaining a safe environment
- Assist in emergency situations
- Become familiar with the safety precautions to be observed in the program
- Keep barn and therapeutic shed clean and organized

Side Walker Responsibilities:

7256 Highway 3

Billings, MT
406-208-9774

59106

Horses Spirits Healing Inc.

- Assist instructor during mounting and dismounting as requested
- Communicate with participants when appropriate, including verbal/non-verbal prompts
- Provide physical assistance and stabilization to the rider when directed or necessary
- Remain focused on assisting the participants

Horse Leader

- Responsible for leading horse, walking alongside horse without a lead, or may be stationed in the arena for spotting
- Focus remains on working with the horse and the horse's needs
- Communicate with instructor regarding any horse related questions or concerns

Instructor in Training

- Apprentice to the Instructor
- May be student teaching under the guidance of an instructor
- Follows all of the instructors instructions

Extra volunteers may be asked to do things such as help with activities, games, or cleaning of the shed

By signing this form I acknowledge that I have completely read and fully understand the requirements listed above and agree to these terms.

Volunteer signature

Date

PATH Instructor Signature

Date