



**2021 Hope on Horseback  
Therapeutic Riding Center**  
Volunteer Information and Release Form  
**Please print clearly**

<b>Office Only:</b>	
Name Tag	_____
Database	_____
Email Online	_____
COVID Risk	_____
COVID Vaccine	_____

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age \_\_\_\_\_

Name or Nickname for name tag: \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This is a temporary college address ending (date) \_\_\_\_\_ Phone \_\_\_\_\_ Home or Cell

Way to contact you (circle preferred) Text Phone call Email FaceBook

School or Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Returning volunteer? Yes No If no, how did you learn about the program? \_\_\_\_\_

I am available to volunteer: Mornings \_\_\_ Evenings \_\_\_\_\_

I am willing to be "on call": Mornings \_\_\_ Evenings \_\_\_ Jobs other than class \_\_\_ Special Projects \_\_\_\_\_

**Photo Release**

I  DO  DO NOT consent to and authorize the use and reproduction by Hope on Horseback (HOHB) of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the center.

▶▶ Signature of volunteer \_\_\_\_\_  
(Or parent/guardian if under 18 years of age) Date

**Release of Claim**

The instructors, riding facility owners, officers, directors and volunteers of Hope on Horseback are hereby released, acquitted and discharged from any claim for damage or suit by reason of any injury, illness or damage to person or property during the course of HOHB riding sessions, including transportation to and from the sessions, and in regard, I hereby covenant that on my own behalf not file a claim or bring suit with respect to any such injury.

▶▶ Signature of volunteer \_\_\_\_\_  
(Or parent/guardian if under 18 years of age) Date

**Emergency Medical Information and Release**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: UPMC Hamot / Allegheny St Vincent / Millcreek Community / VA Hospital

Are there any special medical needs and/or conditions that we should be aware of? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please list on separate sheet of paper and submit with application.

**-Please complete other side-**

**Please choose one of the following plans:**

**A. Consent Plan**

In the event of emergency, the undersigned authorizes any licensed physician and/or emergency medical personnel to provide any medical/surgical care and/or hospitalization, for the undersigned or the dependent volunteer under the age of 18 that the undersigned represents, including anesthetic, that they determine necessary or advisable, pending receipt of specific consent from the undersigned or his/her legal representative.

In the event emergency medical aid/treatment is required due to illness or injury while participating in the HOHB program, or while being on the property, I authorize Hope on Horseback to:

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

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed “life saving” by the physician. This provision will only be invoked if the person(s) listed are unable to be reached.

▶▶ **Consent** Signature: \_\_\_\_\_  
(Volunteer or Parent/Guardian if under 18 years of age)      Date

**B. Non-Consent Plan**

I **do not** give my consent for emergency medical treatment/aid in the case of illness or injury while participating in the HOHB program or while being on the property.

- » If under 18, parent or legal guardian will remain on site at all times during equine activities.
- » In the event emergency treatment/aid is required, I wish the following procedure to take place:

\_\_\_\_\_  
\_\_\_\_\_

▶▶ **Non-Consent** Signature: \_\_\_\_\_  
(Volunteer or Parent/Guardian if under 18 years of age)      Date

**STATEMENT OF VOLUNTEER RESPONSIBILITY**

As a Hope on Horseback Volunteer, I understand that I will at all times work under the supervision and direction of a PATH certified instructor. My role is to provide a secure and safe environment during class activities including grooming, ground activities and class time as directed by the instructor. This participation may include assisting a rider to enter or exit the arena. As a volunteer I will at no time be individually responsible for the personal care, supervision, guidance or control of a minor child or developmentally disabled adult in situations unrelated to class participation.

Should assistance be needed with any physical or behavioral issue with a rider, an instructor or caregiver will be called to handle the situation.

\_\_\_\_\_  
(Volunteer or Parent/Guardian if under 18 years of age)      Date