RideAbility Therapeutic Riding Center, Inc

Volunteer/Rider Information Form and Health History

*****5 signature areas to sign*****

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Phone: (H) _____ (C) _____

Email Address: _____

Employer/School: _____

Parent/Guardian Name and Address: _____

Rider Disability: _____ Date of onset: _____

How did you hear of the program? _____

Medical History: Recent medical tests: Tetanus Shot: _____ Tuberculosis Test + / - Date: _____
(*consult your physician or local health department if you are not up to date with these shots/tests)*

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

_____

_____

Allergies: _____

Medications: _____

Emergency information:

Physicians Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Person who is authorized to give temporary assistance or care in absence of a parent or guardian:

_____
(Name) (Phone) (Relationship)

Preferred Medical Facility: _____

Describe any medical condition requiring special precautions or treatment and any medications and dosage: (A) none
(B) Condition: _____
Medication and dosage: _____

In the event of emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

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

Consent Plan

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) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

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.

☐ Parent or legal guardian will remain onsite at all times during equine assisted activities.

☐ In the event emergency treatment/aid is required, I wish the following procedure to take place:

No person can be accepted for riding instruction or volunteer positions until this form has been completed by the parent(s)/legal guardian. If the person is of legal age (18), he or she may complete the form, if he or she is legally competent to do so. Riding instruction will be under strict supervision, NO LIABILITY can be accepted by any organization concerned with this instruction, in the event of any accident, which may occur.

*****Signature _____ Date: _____**

Parent if under 18 years old/Rider /Volunteer or Legal Guardian

Photo Release: **I ☐ DO**

☐ DO NOT

Consent to and authorize the use and reproduction be **RIDEABILITY** of any and all photographs and any other audio/visual materials taken of me for promotional materials, educational activities, exhibitions or for any other use for the benefit of the program.

*****Signature: _____ Date: _____**

Parent if under 18 years old/Rider /Volunteer or Legal Guardian

Background Information: Have you ever been charged with or convicted of a crime? Yes No Background checls will be done on adults. We are sorry if you have been convicted of a felony you cannot participate as per the property owners rules.

If yes, please explain: _____

_____

I _____ (volunteer/riders staff), authorize **RIDEABILITY** to receive information from any law enforcement agency, including police departments and sheriffs' departments, of this state or any state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize the PATH center, its directors, officers, employees, or any other volunteers to disseminate this information in any other way to any other individual, group, agency, organizations or corporation.

Current Driver's License Y N License Number: _____ State: _____

*****Signature: _____ Date: _____**

Parent if under 18 years old/Rider /Volunteer or Legal Guardian

Confidentiality Agreement: I understand that all information (written or verbal) about participants at this PATH center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor. I understand that all the information (written or verbal) about participants in the RideAbility programs is confidential and not to be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor. The personal use of photographic materials is prohibited (includes but is not limited to MySpace, Facebook, YouTube, personal webpages, etc.)

*****Signature: _____ Date: _____**

Parent if under 18 years old/Rider /Volunteer or Legal Guardian

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

EQUINE WARNING: THIS IS AN EQUINE FACILITY. UNDER SOUTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF EQUINE ACTIVITY, PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS OF SOUTH CAROLINA, 1976. By your presence on these grounds you have indicated that you have accepted the inherent risk of equine activities. THIS IS NOT A SPECTATOR AREA. All persons in this area will be regarded as Participant and bound by the terms of the equine inherent risk law.

I have read and understand this release and the Equine Warning. I fully understand and agree to the terms of this Release From Liability Form.

*****Signature: _____ Date: _____**

Parent/Rider/Volunteer or Legal Guardian