

VOLUNTEER REGISTRATION

Qualifications and availability

What days of the week are you available?

Would you be able to commit to volunteering on a weekly basis?

Can we call you at the last minute, if we find ourselves shorthanded?

Are you certified in First Aid? _____ Date: _____

Are you CPR certified? _____ Date: _____

Prior experience working with people with disabilities:

Prior horse experience:

Do you have any physical limitations? _____ If yes please explain:

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PHOTO RELEASE

I hereby consent to and authorize the use and reproduction by RTEC of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Signature: _____
(Parent/Guardian if under 18)

WAIVER OF LIABILITY AND CONSENT:

I hereby grant consent for the undersigned participant to volunteer in the Raemelton Therapeutic Equestrian Center program. Pursuant to Ohio Revised Code 2305.231, section (C)(2)(a), the undersigned acknowledge that there are inherent risks associated with equine activities, including, but not limited to:

- The property of an equine to behave in ways that may result in injury, death, or loss to persons on or around equine;
- The unpredictability of an equine’s reaction to sounds, sudden movements, unfamiliar objects, persons, or other animals;
- Hazards, including, but not limited to, surface or subsurface conditions;
- A collision with another equine, another animal, a person, or an object;
- The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I have read and understand the above inherent risks, have had the opportunity to have my questions answered, and understand the potential benefits and alternatives to this activity.

Authorized Signature (Date)

Print Name

Parent/guardian Signature (Date)

Print Name