

# Stargazey's Equine Therapy



*Individual Hands  
on Therapy Program*

## **Volunteer Waiver For Stargazey's Equine Therapy Inc. (SET)**

PO BOX 1045, Jackson, OH, 45640 Phone: (740) 286-5533

Website: [www.stargazeysequinetherapy.com](http://www.stargazeysequinetherapy.com) Email: [volunteer@stargazeysequinetherapy.com](mailto:volunteer@stargazeysequinetherapy.com)

### **GENERAL INFORMATION: (Please Print All Answers)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Employer/School: \_\_\_\_\_ County: \_\_\_\_\_  
DOB: \_\_\_\_\_ Email: \_\_\_\_\_  
(Circle Best # To Reach You) Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Parent/Guardian (if under 18) \_\_\_\_\_  
Phone #: \_\_\_\_\_

### **EQUINE THERAPY SESSION VOLUNTEERS: (Please Print All Answers)**

Do you have any physical limitations? Yes No If yes, please specify:

Can you walk for 60 minutes and jog for short distances? Yes No

Do you have experience with horses/ponies? Yes No If yes, please specify:

Do you have other skills/training which may be of benefit? (Sign Language, CPR, RN, etc.)

### **OTHER VOLUNTEER OPPORTUNITIES:**

(SET) needs help in various ways in addition to working directly in lessons. Please circle your area(s) of interest (Some of which may require additional training and/or testing):

Office/Telephone Facility Maintenance (SET) Fundraisers Hay/Sawdust  
Barn Helpers (Bring-in, Turn-out) Horse Leaders Groom Training Exercising Horses

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### **BACKGROUND INFORMATION:**

Have you ever been charged with or convicted of a crime? **YES or NO (Please Circle One)**

If Yes, please explain \_\_\_\_\_

I authorize (SET) to receive information from law enforcement agencies pertaining to any convictions I may have had for state or federal criminal laws. I understand that such access is for the purpose of considering my application as a volunteer and that I do not authorize (SET) or it's directors, officers, employees, or other volunteers to disseminate this information in any other way.

License Number and State: \_\_\_\_\_ Current Driver's License Number: **YES or NO**

Agree to Authorize **Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **IN CASE OF AN EMERGENCY NOTIFY: (Please Print All Answers)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies (medication, etc.): \_\_\_\_\_

### **Publicity Release: (Circle Consent Or Do Not Consent)**

I \_\_\_\_\_ **consent/do not consent**

to and authorize the use and reproduction by (SET) of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

### **Confidentiality Statement:**

The volunteer shall keep confidential all medical, social, referral, personal and financial information regarding a rider, their family, other volunteers or staff, including information on (SET)'s mailing lists. Additionally, there will be no posting of pictures or other information on any social networking site, i.e. Facebook, Twitter, YouTube, etc. without expressed permission of (SET). and the parents or guardians of the (SET) participant. I understand and will observe the confidentiality policy of (SET)'s.

**Volunteer Initials (and Parent/Guardian's initials if a minor):** \_\_\_\_\_

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### Release and Indemnity Agreement:

STARGAZEY'S EQUINE THERAPY INC (SET) states: although the utmost care is always taken; and equipment is maintained properly to the best of our ability: PLEASE BE ADVISED that participating in activities with horses involves an inherent risk, including the risk of serious bodily injury or death.

I understand and acknowledge that I am fully aware of, and assume all risks (including but not limited to serious bodily injury, death and/or property loss or damage) with my participating in Equine Activities provided by (SET) I understand that (SET) shall have no responsibility to pay for any medical treatment and/or related costs if I am injured. Knowing the risks above, I agree to assume all the risks and responsibilities surrounding my participation as a volunteer in Equine Activities provided by (SET). To the fullest extent allowed by law, I agree to hold harmless and agree to indemnify (SET), it's directors, officers, staff, employees, volunteers, agents, licensees, and assigns, from and against any present or future claim, cause of action, loss or liability for injury to person or property, which I may suffer or for which I may be liable to any other person, related to my participation in Activities, resulting from any cause whatsoever, and regardless of fault.

I have read that assumption of Risk Agreement and the attachments as applicable and I understand it.

**The signature below attests that I/we have read and understand each of the above-mentioned releases in accordance with (SET)'s policy.**

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature if volunteer is under 18:** \_\_\_\_\_

**FORM REVIEWED:** \_\_\_\_/2017 \_\_\_\_/2018 \_\_\_\_/2019 \_\_\_\_/2020 \_\_\_\_/2021 \_\_\_\_/2022

**VOLUNTEERS MUST INITIAL ONCE PER YEAR TO VERIFY INFORMATION IS CURRENT.**

**ANY CHANGES WILL REQUIRE A NEW FORM**