

Heritage Place Equestrian
T.R.E.A.T. Riding Forms/ Special Olympics
708 Old Rutherford Road, Taylors, SC 29687
(864) 877-2583

VOLUNTEER REGISTRATION FORM

Volunteering to:

Work directly with children

Work with horses

Side-walker

Leading a horse

Grooming

Farm maintenance

Gardening

Pasture maintenance

Volunteer Name _____ Date of Birth _____ Age _____

Gender Male Female Race/Ethnicity (optional): _____

Address _____

Employer or School _____

Major if attending School/Degrees earned _____

Parent/Guardian Names (if applicable) _____

List Phone Numbers and relationships to volunteer in case of emergency:

Name _____ Relationship _____

Phone # _____ Cell # _____ Work # _____

Name _____ Relationship _____

Phone # _____ Cell # _____ Work # _____

How did you hear about our program? _____

Please specify any experiences or skills you feel could be useful to the programs here at Heritage Place: _____

Volunteer Availability: (list times that you would be available 8 AM to 8 PM)

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

VOLUNTEER LIABILITY RELEASE

Liability Release

Under South Carolina Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, under Pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

_____ (Volunteer's Name) would like to participate in Heritage Place Equestrian Center's sponsored programs. I acknowledge that I have been informed and am aware the potential for risks in riding and working with equine. However I/my child/my ward feel that the possible benefits to individuals being served are greater than the risks I have chosen to assume. I hereby am intending to be legally bound, for myself, my heirs, assigns, executors, and/or administrators, waive and release forever all claims for damages against Heritage Place Equestrian, The Brookshire Family Foundation, its Board of Directors, Advisory Board, Instructors, Therapist, volunteers, agents, and representative of any kind for any an all injuries, damages, claims, demands, causes of actions, law suits, and/or losses I/my child/my ward may sustain while participating in any said program sponsored or held by Heritage Place Equestrian or The Brookshire Family Foundation.

Date _____ Responsible Party Signature _____
(Parent/guardian if under 18)

Photo Release

I hereby consent to and authorize the use and reproduction by Heritage Place Equestrian Center and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities, exhibitions, or for any other beneficial use to the program.

Date _____ Responsible Party Signature _____
(Parent/guardian if under 18)

Confidentiality Statement

I understand that any and all information, both written and verbal regarding participants in Heritage Place Equestrian/T.R.E.A.T. are confidential business matters and shall be held in strict confidence at all times except as needed within the riding/therapeutic facilities for therapy, safety, or business purposes.

Date _____ Responsible Party Signature _____
(Parent/guardian if under 18)

Background Information

Due to the extreme vulnerability of our special needs community, a background check is required.

Have you ever been arrested or charged with a crime? Yes No

Please explain if yes: _____

Current Driver's License? Yes No

License Number _____ State Issued _____ SS# _____

I, _____ authorize Heritage Place Equestrian/T.R.E.A.T. to receive and obtain information from any law enforcement agency, including the police departments and sheriff's departments, of this state or any other 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. I understand that such access is for the purpose of considering my participation as volunteer/personnel, and that I expressly DO NOT authorize the operating center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Date _____ Responsible Party Signature _____
(Parent/guardian if under 18)

VOLUNTEER AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event that a medical emergency occurs where medical aid/treatment is required due to illness and/or injury, while participating in the services provided or sponsored by Heritage Place Equestrian/T.R.E.A.T. or The Brookshire Family Foundation, I give my consent and authorization to said agencies to secure and retain appropriate medical treatment/ or transportation as needed. This authorization is to include any x-ray, surgery, hospitalization, and medication. In addition, I authorize said agencies to release my child/children/or ward's records to any individual involved in order to provide medical treatment/or necessary transportation.

Emergency Contact _____ Relationship _____

Phone # _____ Cell # _____ Work # _____

Physician's Name _____ Phone # _____

Health Insurance Name _____ Policy # _____

Date _____ Responsible Party Signature _____
(Parent/guardian if under 18)

Allergies to medications:

Current medications:

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 on site at all times during equine assisted activities

In the event of an emergency treat/aid is required; I wish the following procedures take place:

NON CONSENT SIGNATURE: _____

Health History: Please describe your current health condition, regarding physical/emotional demands of working in a therapeutic riding program. Please list any heart or joint issues that may hinder your abilities while working with our program.
