



VOLUNTEER APPLICATION

GENERAL INFORMATION:

Participant Name: _____ Age: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Employer/School: _____

HEALTH HISTORY:

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: _____

P.O. Box 466 Stephenville, TX 76401

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PHOTO RELEASE:

I ☐ DO

☐ DO NOT

consent to and authorize the use and reproduction by Freedom in Strides 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 program.

Signature: _____ Date: _____

BACKGROUND INFORMATION:

Have you ever been charged with or convicted of a crime? **Yes** **No** If yes, please explain _____

I, _____ (volunteer/staff), authorize **Freedom in Strides** to receive information from any law enforcement agency, including 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 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, Intl. center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

Volunteer/Staff, Parent or Legal Guardian

CURRENT DRIVER'S LICENSE: **Yes** **No** LICENSE NUMBER _____ STATE _____

CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) about participants at this PATH Intl. 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.

Signature: _____ Date: _____

Volunteer/Staff, Parent 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 the center's program.

Signature: _____ Date: _____

Volunteer/Staff, Parent or Legal Guardian

Authorization for Emergency Medical Treatment Form

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to Medications: _____

Current Medications: _____

In the event of an 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 **Freedom in Strides** 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.

PLEASE CHOOSE TO CONSENT OR NOT:

☐ **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.

Consent Signature: _____ **Date:** _____

☐ **Non-Consent Plan**

This plan says you do not give consent for any 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 emergency treatment/aid is required, I with the following procedure to take place:

Non-Consent Signature: _____ **Date:** _____

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

for

Freedom in Strides

1. In consideration for receiving permission to participate in Freedom in Strides, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Freedom In Strides, their officers, agents, servants, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity is being conducted.
2. I am fully aware of the risks involved and hazards connected with this activity, including but not limited to travel risks and/or risks involved in working with animals and farm equipment. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, which may be sustained by me, or any loss or damage to property, owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. Freedom In Strides recommends and encourages the use of ASTM/SEI certified helmets for all persons working with, or working in close contact with, horses and other livestock.
4. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
5. I understand that Freedom In Strides does not maintain any insurance policy covering any circumstance arising from my participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio.
6. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.
7. I am aware that under Texas law, Chapter 87 of the Civil Practice and Remedies Code, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities. I understand the implications of this law regarding my participation in equine activities.
8. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT that I have read the foregoing Waiver of liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, I have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

Signed on this _____ day of _____, 20_____.

Name: _____ Signature: _____
(printed name) Participant, Parent/Legal Guardian

If participant is under the age of 18, Parent/Guardian consents to the minor's participation in the event, consents for Freedom In Strides to seek reasonable and necessary medical treatment for Participants during such event or associated activities, and agrees to be responsible for any cost of such treatment.

Parent/Guardian Signature

Date