



3140 NE Behlman Road  
 Oak Harbor, OH 43449  
 419-898-6164  
 www.ridersunlimited.org

# Volunteer Registration, Agreements and Releases

Name: \_\_\_\_\_ DOB: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

When are you available?  Monday AM  Tuesday AM  Wednesday AM  Thursday AM  Friday AM  Saturday AM  
 Monday Day  Tuesday Day  Wednesday Day  Thursday Day  Friday Day  Saturday Day  
 Monday PM  Tuesday PM  Wednesday PM  Thursday PM

How did you hear about Riders Unlimited? \_\_\_\_\_

Can you walk for up to 60 minutes and jog for short distances? \_\_\_\_\_ Do you have any physical limitations? \_\_\_\_\_  
 Is so, please specify: \_\_\_\_\_

Given the chance to change sides frequently, can you hold your arm above shoulder height and support a modest weight? \_\_\_\_\_

Are you comfortable working around horses? \_\_\_\_\_ Do you have experience with horses? \_\_\_\_\_ If so, please specify: \_\_\_\_\_

Do you have any other skills or training which may be of benefit to the program? \_\_\_\_\_

Please check the following items that you are interested in or with which you are willing to help:  
 Programs:  Leading horses  Sidewalking students  Stable Management Classes  Grooming  Schooling  
 Marketing:  Fundraising Events  Public Relations  Photography/Video  Writing Grants  
 Facilities & Grounds:  Maintenance  Mowing  Equipment Care  Cleaning  
 Volunteers:  Training  Scheduling  
 Communications:  Office/Typing  Phone Calling  
 Feed Lot:  Chores  Unloading Deliveries

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\*\* If under 18 years old, this must also be approved and signed by a parent or guardian.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Photo Release

I consent to and authorize the use and reproduction by **Riders Unlimited, Inc.** of any and all photographs and any other audio-visual materials taken of me for promotional printed materials, educational materials, newspapers, television media, activities and exhibitions or for any other use of benefit to the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\*\* If under 18 years old, this must also be approved and signed by a parent or guardian.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## Confidentiality Agreement

I understand that all information (written and verbal) about participants at **Riders Unlimited, Inc.** is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in the case of a minor.

Signature: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\*\* If under 18 years old, this must also be approved and signed by a parent or guardian.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## Release and Indemnity Agreement

In recognition of the fact that I will be working in a volunteer capacity with **Riders Unlimited, Inc.**, an equine assisted activities and therapies program, I do hereby release, absolve, indemnify and hold harmless **Riders Unlimited, Inc.**, its representatives, supervisors, directors, officers, employees, instructors, therapists, aides, horse owners, facility owners, family members and other volunteers from any damages, injuries, claims, suits or costs arising in any way out of the conduct of the activities of the **Riders Unlimited, Inc.** program, including any injury which may occur while participating in any **Riders Unlimited, Inc.** activities or in transit to or from any such activities. I am executing this Release with a full understanding that the Riders Unlimited, Inc. program will involve working closely with horses and individuals with disabilities.

### WARNING

Under Ohio law, an equine professional is not liable for an injury or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Ohio House Bill 564, an act to enact section 2305.321 of the Revised Code. Inherent risks of an equine activity means a danger or condition that is an integral part of an equine activity, including, but not limited to the following:

- a. The propensity of an equine to behave in ways that may result in injury, death or loss to persons on or around the equine;
- b. The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- c. Hazards, including, but not limited to, surface or subsurface conditions;
- d. 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 person, 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 this Release and Indemnity Agreement, as well as, received a copy of Ohio's Equine Activity Liability Act Warning or Language.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Signature: \_\_\_\_\_

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Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_



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# Emergency Medical Treatment Authorization

In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering, or while being on the property where lessons or special events are conducted, I authorize Riders Unlimited, Inc. to secure and retain medical treatment and transportation if needed.

Volunteer: \_\_\_\_\_ DOB: \_\_\_ - \_\_\_ - \_\_\_ Age: \_\_\_\_\_

Parent/Guardian (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies: \_\_\_\_\_

### 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 below is to be reached.

Consent Signature: \_\_\_\_\_ Date: \_\_\_ - \_\_\_ - \_\_\_\_\_  
Volunteer, Parent or Guardian

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

### 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 volunteering or while being on the property where lessons or activities are conducted. In the event emergency treatment/aid is required, I wish the following procedures to take place: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_ - \_\_\_ - \_\_\_\_\_  
Volunteer, Parent or Guardian

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_



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## Volunteer Registration, Agreements and Releases for Special Events

Name: \_\_\_\_\_ DOB: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Photo Release**

I consent to and authorize the use and reproduction by **Riders Unlimited, Inc.** of any and all photographs and any other audio-visual materials taken of me for promotional printed materials, educational materials, newspapers, television media, activities and exhibitions or for any other use of benefit to the program.

**Emergency Treatment Authorization: *Mark either Consent or Non-Consent***

\_\_\_\_ **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 below is to be reached.

\_\_\_\_ **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 volunteering or while being on the property where lessons or activities are conducted. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Allergies:**

\_\_\_\_\_

**Release and Indemnity Agreement**

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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 special event.

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\*\* If under 18 years old, this must also be approved and signed by a parent or guardian.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_